

ERISA EXEMPTION STATEMENT AS PER LABOR REGULATION
SECTION 2520.104-23 OF UNFUNDED OR INSURED PENSION
(DEFERRED COMPENSATION) PLANS FOR SELECTED MANAGEMENT
OR HIGHLY PAID EMPLOYEES--ALTERNATIVE COMPLIANCE

Top Hat Plan Exemption Pension and
Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue NW
Washington DC 20210

2520042394710

Secretary of Labor

The employer identified below elects the alternative compliance method for the deferred compensation plan(s) listed below. The employer hereby declares that it maintains the plan(s) primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees. The employer agrees to provide plan documents, if any, to the secretary upon request as required by Section 104(a)(1) of the Act.

The employer currently maintains 1 plan(s) and such plan(s) have the following number of employees in each plan:

<u>Plan Identification (Initials)</u>	<u>Number of Employees</u>
<u>Deferred Compensation Plan</u>	<u>1</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____


Identification of Employer:

Name Bellin Health Systems, Inc.
Address P.O. Box 23400
City/State/Zip Green Bay, WI 54305-3400
Employer Identification Number 39 - 1512904

DOL-PWBA
PUBLIC NOTICE
97 OCT -2 08:10:20

Bellin Health Systems, Inc.

Employer Name


Signature of Administrator

9-24-97

Date

This form is due within 120 days after the plan is subject to filing.

TAX-709
1/22/94

BELLIN HEALTH SYSTEMS INC
PO BOX 23400
GREEN BAY WI 54305-3400

PRESORTED
FIRST CLASS



TOP HAT PLAN EXEMPTION
PENSION AND WELFARE BENEFITS
ADMINISTRATION
ROOM N-5644
US DEPARTMENT OF LABOR
200 CONSTITUTION AVENUE NW
WASHINGTON DC 20210