

TOP HAT EXEMPTION STATEMENT

2520043380938

1. Employer: The Kentucky Hospital Association, Inc.
2. Employer Address: 2501 Nelson Miller Parkway  
Louisville, Kentucky 4023
3. Employer Identification Number: 61-0574577
4. The Employer maintains the plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
5. The Employer maintains two such plans.
6. The plans cover nine employees.
7. Upon request, the Employer will furnish a copy of the plans to the Department of Labor.

To be filed with:

Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N-1513  
U.S. Department of Labor  
200 Constitution Avenue NW.  
Washington, DC 20210

**Frost  
Brown Todd** LLC  
ATTORNEYS

KENTUCKY · OHIO · INDIANA · TENNESSEE

Debbie F. Reiss  
502.568.0330  
dreiss@fbtlaw.com

5/18/04 10:53

May 18, 2004

**Certified Mail**  
**Return Receipt Requested**

Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N-1513  
U.S. Department of Labor  
200 Constitution Avenue NW  
Washington, DC 20210

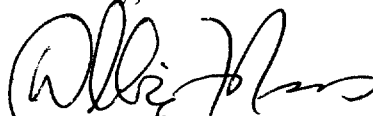
Re: The Kentucky Hospital Association, Inc. Top Hat Plan Exemption Statement

Dear Sir or Madam:

Enclosed, pursuant to Department of Labor Regulation Section 2520.104-23, is a Top Hat Plan Exemption Statement for The Kentucky Hospital Association, Inc.

Please call should you have any questions.

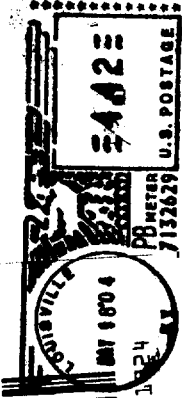
Sincerely,



Debbie F. Reiss

Enclosure  
Copy to Carol Walters

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