

**REPORTING AND DISCLOSURE STATEMENT**

**TOP HAT PLAN (DOL REG. §2520.104-23)**

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Name and Address of Employer: *Care New England Health System  
455 Tollgate Road  
Warwick, RI 02886*

EIN of Employer: *05-0490997*

2520052092982

*The Employer maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.*

Name of Plan: *Care New England Health System 457(b) Plan*

Date of Adoption of Plan: *January 31, 2005*

Number of Plans: *One (1)*

Number of Members of Plan: *One hundred ninety-one (191)*

**CARE NEW ENGLAND HEALTH SYSTEM**

By: *Philip J. Sympson, Esq., President (CEO)*

Dated: *4/28/05*

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A N G E L L

May 9, 2005

The ANGELL Pension Group, Inc.  
Actuaries, Consultants and Administrators for Employee Benefit Plans  
10 Hemingway Drive  
East Providence, Rhode Island 02915  
Tel: 401.438.9250 • Fax: 401.438.7278  
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www.angellpensiongroup.com

**CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

Top Hat Plan Exemption  
Pension and Welfare Benefits Administration  
Room N-5638  
U.S. Department of Labor  
200 Constitution Avenue NW  
Washington, DC 20210

**Re: *Care New England Health System 457(b) Plan***

Dear Sir/Madam:

Enclosed for filing is the Disclosure Statement for the Care New England Health System 457(b) Plan to meet the alternative method of compliance with the reporting and disclosure requirements of Part I of Title I of ERISA for top-hat plans pursuant to DOL Reg. Section 2520.104-23.

Very truly yours,

Peter L. Karlson, J.D., LL.M.  
Vice President  
General Counsel

PLK/tad  
TOPHAT DOL LTR.DOC/L4174I

Enclosure

cc: Tish Devaney, *Care New England Health System*

The ANGELL Pension Group, Inc.  
Actuaries, Consultants and Administrators for Employees Benefit Plans  
10 Hemingway Drive  
East Providence, Rhode Island 02915



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