



2520060620794

RIVERSIDE

November 29, 2005 H E A L T H S Y S T E M

05 DEC -6 PM 2:51

**Via Certified US Mail
Return Receipt Requested**

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

**Re: RIVERSIDE HEALTH SYSTEM SECTION 457(b)
DEFERRED COMPENSATION PLAN**

Dear Sir or Madam:

This letter is intended to satisfy the statement filing requirements in order for the Riverside Health System Section 457(b) Deferred Compensation Plan ("Plan") to qualify for the "top hat" plan exemption provided by DOL Regulations §2520.104-23.

Riverside Healthcare Association, Inc., which does business as "Riverside Health System, by and through its affiliates listed below ("Employer") maintains the Plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees. The remaining information required by Reg. §2520.104-23(b) is stated below.

Employer's Name and Address	RIVERSIDE HOSPITAL, INC. RIVERSIDE MIDDLE PENINSULA HOSPITAL, INC. REHABILITATION INSTITUTE OF VIRGINIA, INC. RIVERSIDE TAPPAHANNOCK HOSPITAL, INC. RIVERSIDE BEHAVIORAL CENTER, INC. RIVERSIDE HEALTHCARE SERVICES, INC. RIVERSIDE MANAGEMENT SERVICES, INC. RIVERSIDE PHYSICIAN SERVICES, INC. PENINSULA CANCER INSTITUTE, LLC RADIATION ONCOLOGY SPECIALISTS, LLC
EIN Assigned to Plan	52-1241840
Number of Plans	1
Number of Employees in Plan	128

FOUNTAIN PLAZA ONE
701 TOWN CENTER DRIVE, SUITE 1000
NEWPORT NEWS, VA 23606-4286
(757) 534-7000

Please contact us if you have any questions. Thank you very much.

Sincerely,

A handwritten signature in black ink that reads "Larry L. Boyles". The signature is written in a cursive style with a large initial "L".

Larry L. Boyles, SPHR
Senior Vice President, Human Resources



RIVERSIDE

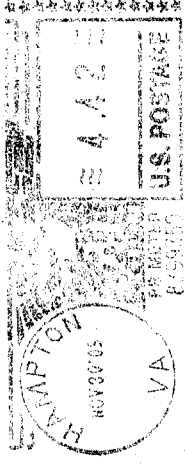
H E A L T H S Y S T E M

FOUNTAIN PLAZA ONE
701 TOWN CENTER DR STE 1000
NEWPORT NEWS VA 23606-4287

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