

March 21, 2006

**Joyce A. Leahy**  
Vice President for Legal Affairs  
& General Counsel

2520061570286

U.S. Department of Labor  
Employee Benefits Security Administration  
Top Hat Plan Exemption  
Room N 5644  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

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Dear Sirs:

In accordance with Department of Labor regulation section 2520.104-23, the information set forth below is intended to satisfy the reporting and disclosure requirements set forth therein:

1. Name of Employer - - Maimonides Medical Center
2. Address of Employer - - 4802 Tenth Avenue  
Brooklyn, New York 11219
3. Employer Identification Number - - 11-1635081
4. The Employer maintains the Maimonides Medical Center Supplemental Executive Benefit Plan ("Supplemental Plan") and Employees' Eligible Deferral Plan ("457(b) Plan") primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
5. The Plans set forth in 4 above are the only such plans maintained by Maimonides Medical Center.
6. Number of Employees in the Plans: Supplemental Plan - 25  
457(b) Plan - 301

Please acknowledge receipt of this letter by stamping the extra copy enclosed and returning it in the envelope provided.

Sincerely yours,



Joyce A. Leahy  
Vice President for Legal Affairs  
& General Counsel  
Enclosure