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October 27, 2006

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5638
United States Department of Labor
200 Constitution Avenue, N.W.
Washington, D C 20210

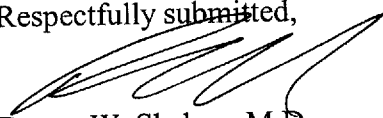
Dear Sir or Madam:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Parts 1, Title 1, as provided for an unfunded plan for a select group of management or highly compensated employees in the D.O.L. Regulation 2520.104-23 the following information is provided:

1. The name of the employer is: Dominion Women's Health, Inc.
2. The mailing address of the employer is: 8220 Meadowbridge Road, Suite 205, Mechanicsville, VA 23116
3. The employer's federal identification number (EIN) is: 01-0643091
4. The number of plans and the number of participants in each plan is:
one plan covering three Independent Contractors. The above named employer maintains this plan primarily for the purpose of providing deferred compensation benefits to a select group of management or highly compensated employees.

The employer will send a copy of all plan documents and agreements to the Secretary, upon request.

Respectfully submitted,



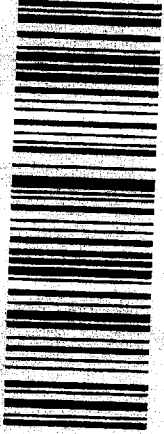
Danny W. Shaban, M.D.

John Hancock

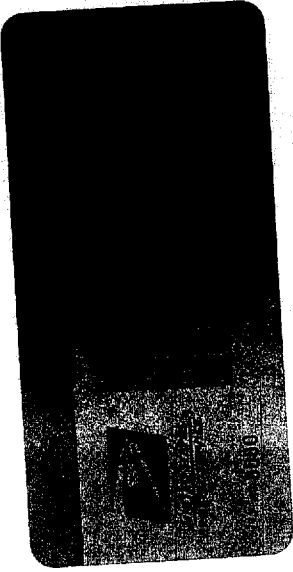
FINANCIAL NETWORK

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL[®]



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