

**REPORTING AND DISCLOSURE REGISTRATION COMPLIANCE STATEMENT****PURSUANT TO REGULATION §2520.104-23 OF THE DEPARTMENT OF LABOR**

Gaylord Hospital, Inc. (the "Employer") hereby notifies the Department of Labor in writing of the following information, in order to comply with the reporting and disclosure requirements of Part I of Title I of the Employee Retirement Income Security Act of 1974, and pursuant to Regulation Section 2520.104-23 of the Department of Labor. The undersigned Employer hereby states the following:

- (1) Name of Plan:

Supplemental Retirement Agreement

- (2) Name, Address and Employer Identification Number of Employer:

Gaylord Hospital, Inc.  
 Gaylord Farms Road  
 P.O. Box 400  
 Wallingford, CT 06492  
 Employer ID No.: 06-0646649

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- (3) The Employer hereby affirms that it maintains the Supplemental Retirement Agreement primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
- (4) Number of such plans maintained by the Employer: multiple plans
- (5) Number of employees participating in the Plan: 1
- (6) The Employer hereby undertakes to provide to the Secretary of Labor any documents relating to the Plan upon request as required by section 104(a)(6) of the Act.

GAYLORD HOSPITAL, INC.

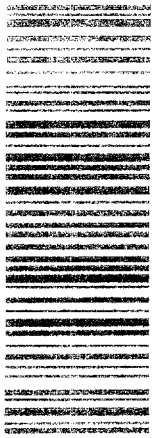
By

Janine Llass  
 Title: CFO

Date: 2/19/07



Gaylord  
 P.O. Box 400  
 Gaylord, MI 49735  
 Gaylord, MI 49735



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

