

Name of Tax-Exempt Employer: New York State Health Foundation

Address of Tax-Exempt Employer: 1412 Broadway, Ste. 2304
New York, NY 10018-9238

E.I.N.: 30-0127892

TOP-HAT STATEMENT

By Plan Administrator

New York State Health Foundation (the "Employer"), hereby declares that the purpose of the 457(b) Deferred Compensation Plan of New York State Health Foundation (the "Plan") is to provide deferred compensation primarily for a select group of management and highly compensated employees. The number of employees covered under the Plan is 4. In addition, the Employer, maintains 0 unfunded top-hat plans described in Department of Labor Regulation Section 2520.104-23(b). The number of employees covered under such plans is 0.

Date: March 19, 2007

By: Benjamin Prayz

Title: Director of Finance & Operations
(On Behalf of the Plan Administrator)

TOP HAT PLAN EXEMPTION STATEMENT
PENSION AND WELFARE BENEFITS ADMINISTRATION
ROOM N-1513

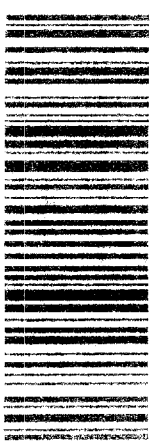
The attached sample top-hat statement is to be used solely as a guide for the tax-exempt employer's attorney in connection with its 457(b) plan.

A statement should be filed on a one-time basis within 120 days following adoption of the plan. The statement should be filed with the Department of Labor at the following address:

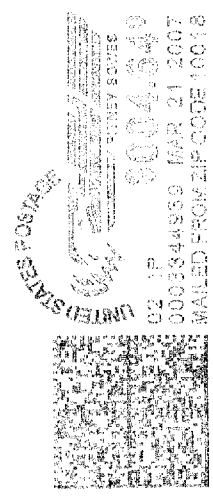
Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-1513
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, D.C. 20210

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