

Top Hat Plan Exemption

The attached statement must be filed within 120 days after the plan is adopted (D.O.L. Reg. Sec. 2520.104-23(b)(2)). If you fail to comply with this requirement, the plan must distribute and file a Summary Plan Description and must meet other applicable reporting and disclosure requirements. You will need to review the statement for accuracy, fill in the number of employees covered under the plan, sign and date the statement, and finally, mail the statement to:

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

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Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-5644
U.S. Department of Labor
200 Constitution Ave. N.W.
Washington, DC 20210

Re: ERISA REPORTING AND DISCLOSURE STATEMENT

To the Secretary of Labor:

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

The name of the employer is: **Roseland Community Hospital**

The employer's mailing address is: **45 West 111th Street
Chicago, IL 60628**

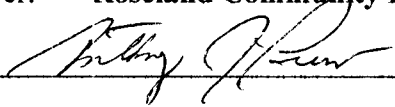
The employer's federal identification number (EIN) is: **36-1703630**

The plans of employer and the number of participants covered in each plan is:
(Specify plan, effective date and number of employees covered)

Roseland Community Hospital Executive Benefit Plan
Effective Date: January 1, 2007
Employees Covered: 2

The above-named employer maintains this plan primarily for the purpose of providing nonqualified deferred compensation benefits to a select group of management or highly compensated employees. The employer will provide a copy of the agreement to the Secretary of Labor upon request.

Employer: **Roseland Community Hospital**

By:  _____

Date: 12-13-07

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- 2. Fold the printed label at the dotted line.** Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.




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<p>KATHY DITCH AUL 250 W. NORTH STREET INDIANAPOLIS IN 46202</p> <p>SHIP TO: EBSA TOP HAT EXEMPTION 200 CONSTITUTION AVE NW ROOM N-1513 U. S. DEPT OF LABOR WASHINGTON DC 20210-0001</p>	<p>1 OF 1</p> <p>LTR</p>	<p>MD 201 9-74</p> 	<p>UPS 2ND DAY AIR</p> <p>2</p> <p>TRACKING #: 1Z 445 859 02 9586 6649</p> 	<p>BILLING: P/P</p> <p>Budget Code: 132</p> <p>CS 10.0.22. WXPB60 72.0A.10/2007</p>  <p>TM</p>
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