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08 AUG 13 AM 10:26 **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:

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

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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: St. Benedict Health Center

The employer's mailing address is: 401 W Glynn Drive

Parkston, SD 57366

The employer's federal identification number (EIN) is: 46-0226738

The plans of employer and the number of participants covered in each plan is:

Plan Name: St. Benedict Health Center's Deferred Compensation Plan

Effective Date: January 1, 2008

Number of Employees Covered: 3

(Specify plan, effective date and number of employees covered)

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: St. Benedict Health Center

By: [Signature]

Date: 7-7-08

Phyllis Ehler, HR/Mission
Avera
St. Benedict Health Center

401 West Glynn Drive
Parkston, SD 57366



ADDRESS SERVICE REQUESTED

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