

**Alternative Reporting And Disclosure Statement
For Nonqualified Deferred Compensation Plans**

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

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for un-funded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR Sec. 2520.104-23, the following information is provided by the undersigned administrator:

1. The name of the Employer is: South Carolina Hospital Association
2. The mailing address of the Employer is: 1000 Center Point Road
Columbia, SC 29210
3. The Employer Identification Number is: 57-0372816
4. The above named Employer maintains a Plan (or Plans) primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
5. Number of Plans and Eligible Employees in each Plan:
One Plan covering 1 Eligible Employee.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

South Carolina Hospital Association
A South Carolina Organization

By: 
Authorized Person

Dated: 6/18/08


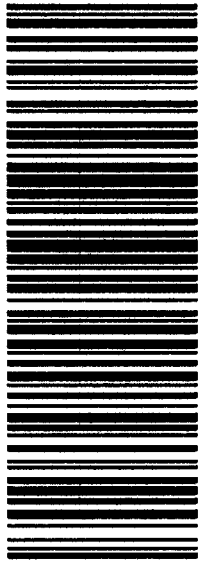

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PRINCIPAL 919-881-1617 PRINCIPAL FINANCIAL GROUP 4141 PARKLAKE AVE, STE 400 RALEIGH NC 27612	SHIP TO: EMPLOYEE BENEFIT'S SECURITY ADMIN U.S. DEPARTMENT OF LABOR 200 CONSTITUTION AVE. N.W. ROOM N 1513 TOP HAT PLAN EXEMPTION	WASHINGTON DC 20210-0001	MD 201 9-74 	UPS 2ND DAY AIR TRACKING #: 1Z F53 3V0 02 9926 5878 2		BILLING: P/P Department Name: Client Transition Services Your Name: Paula Joyner <small>CS 10.1.06. W00560 75-0A 01/2008</small>	1 OF 1 
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