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September 24, 2008

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

08001-2 AM 2:00

Re: Executive Benefit Plan

Dear Sir or Madam:

On behalf of Southcoast Hospitals Group ("Southcoast") and in compliance with the requirements of the alternative reporting and disclosure method under Part 1 of Title 1 of the Employee Retirement Income Security Act of 1974, as amended, for unfunded plans for a select group of management or highly compensated employees specified in Department of Labor Regulations § 2520.104-23, the following information is provided:

Name and Address of Employer: **Southcoast Hospitals Group
101 Page Street
New Bedford, MA 02740**

Employer Identification Number: 222592333


Name of Plan: **Southcoast Hospitals Group
Executive Deferred Compensation
Benefit Plan**

Number of Participants: Approximately 20

Southcoast maintains the Plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees of Southcoast.

To the extent required by Department of Labor Regulations section 2520.104-23, all previous and contemporaneous Company filings with the Department of Labor under the above regulations with respect to other Company plans are hereby incorporated by reference.

SOUTHCOAST HOSPITALS GROUP

By:  _____

Title: SW, HE _____

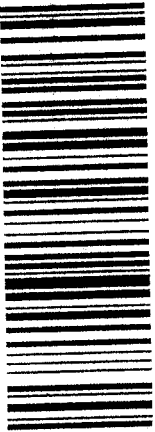


SOUTHCOAST
HOSPITALS GROUP

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