

U.S. Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Avenue. NW, N-1513
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.I. Reg. Sec. 2520.104-23, the following information is provided by the undersigned plan administrator:

The name of the employer is: **Tri-County Hospital**

The employer's mailing address is: **415 North Jefferson Street
Wadena, MN 56482**

The employer's federal identification number (EIN) is: **41-0713913**

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

Plan Name: **Tri-County Hospital Deferred Compensation Plan**

Effective Date: **January 1, 2008**

Number of Employees Covered: 15

(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: **Tri-County Hospital**

By: *Dellie Weller*

Date: 10/15/08



415 N. Jefferson Street • Wadena, MN 56482

"An Equal Opportunity Employer and Provider"

ADDRESS SERVICE REQUESTED



02 1A
0004608612
\$ 00.42⁰
DEC 22 2008
MAILED FROM ZIP CODE 56482



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

