

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

APR 13 AM 8:31

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: Solutions Physicians Practice Management L.L.C.
2. The mailing address of the Employer is: P.O. Box 2000  
Duncan, OK 73534
3. The Employer Identification Number is: 26-0618405
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(s) covering 5 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

Solutions Physicians Practice Management L.L.C.  
An Oklahoma Corporation

By: Mark Rhoades  
Authorized Person

Dated: 04-01-09

**Solutions**  
*Practice Management*

PO Box 2000 • Duncan, OK 73534



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