



Memorial Health Care Systems

2520092100423

DATE TO FILE: 11

300 N. Columbia Avenue • Seward, NE 68434 • 402-643-2971 • www.mhcs.us

Alternative Reporting And Disclosure Statement For Nonqualified Deferred Compensation Plans

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: **Memorial Health Care Systems**
2. The mailing address of the Employer is: **300 North Columbia Avenue**
3. The Employer Identification Number is: **47-0375220**
4. The above named Employer maintains a Plan 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 12 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

Memorial Health Care Systems
A Nebraska Corporation

By: Greg Jeger, CFO
Authorized Person

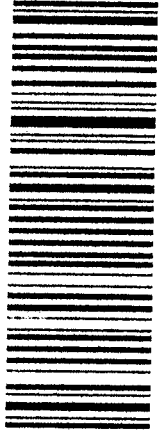
Dated: 5-12-09



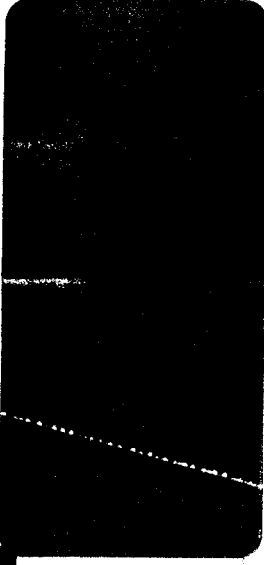
Memorial
Health Care Systems

300 N. Columbia Avenue
Seward, NE 68434-2299

CERTIFIED MAIL



7002 0510 0002 1774 8503



**RETURN RECEIPT
REQUESTED**

Top Hat Plan Exemption
Employee Benefits Security Administration
Room N 1513
U.S. Department of Labor
200 Constitution Ave. N.W.
Washington, DC 20540