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EBSA/PUBLIC DISCLOSURE

2010 APR 21 AM 7:23

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

The name of the employer is: **Pana Community Hospital**

The employer's mailing address is: **101 East Ninth
Pana, IL 62557**

The employer's federal identification number (EIN) is: **37-6062326**

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

Name of Plan: **Pana Community Hospital
Executive Benefit Plan**
Effective Date: **January 1, 2010**
Number of Participants Covered: 7

(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.

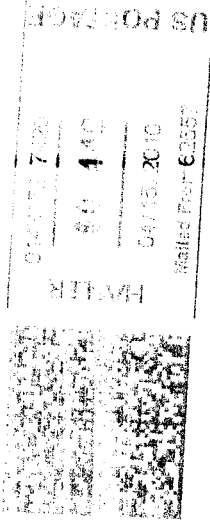
Employer: **Pana Community Hospital**

By: , PRES. & CEO

Date: 4/15/2010



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101 E. Ninth St.
Pana, Illinois 62557



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