

Alternative Reporting And Disclosure Statement For Nonqualified Deferred Compensation Plans

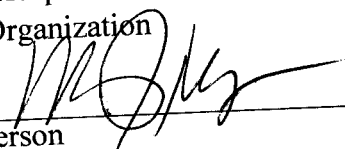
To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N 1513
U.S. Department of Labor
200 Constitution Ave. N.W.
Washington, DC 20210

EBSA/PUBLIC DISCLOSURE
2011 JUL - 7 PM 2: 13

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: Ohio County Hospital
2. The mailing address of the Employer is: 1211 Main Street
Hartford, KY 42347
3. The Employer Identification Number is: 31-1131099
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 10 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

Ohio County Hospital
A Kentucky Organization

By: 
Authorized Person

Dated: 06/14/2011

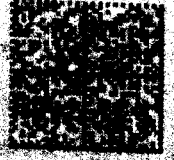
EBSA/PUBLIC DISCLOSURE
2011 JUL - 7 PM 2: 13

USPS PERMIT NO. 1000 COLUMBUS, OH



7007 28 0001 1292 1569

UNITED STATES POSTAGE
FIRST CLASS
02 1M
\$ 06.230
0004292892 JUL 01 2011
MAILED FROM ZIP CODE 42347



OHIO COUNTY  HOSPITAL

211 Main Street, Hartford, Kentucky 42347

Top Hat Plan Exemption
Emp Benefits Security Adm
Room N 1513
US Dept of Labor
200 Constitution Ave N.W.
Washington, DC 20210