

AltaMed

EBSA/PUBLIC DISCLOSURE

2011 DEC -2 PM 2:20



November 21, 2011

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

RE: Alternative Reporting And Disclosure Statement For Nonqualified Deferred Compensation Plans

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: **AltaMed Health Services Corporation**
2. The mailing address of the Employer is: **2040 Camfield Avenue
Los Angeles, California 90040**
3. The Employer Identification Number is: **95-2810095**
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 covering 191 - Eligible Employees
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

AltaMed Health Services Corporation
A California Corporation

By:

Dated:

00042
00252

FedEx Express
NEW Package
US Airbill

FedEx Tracking Number
8770 7938 4968

1 From This portion can be removed for Recipient's records
Date _____ FedEx Tracking Number
877079384968

Sender's Name _____ Phone _____

Company **ALTAMER HEALTH SERVICES CORP**

Address **2040 CAMPFIELD AVE STE 495**

City **COMMERCE** State **CA** ZIP **90040-1502**

2 Your Internal Billing Reference

3 To Recipient's Name **U.S. DEPT OF LABOR** Phone _____

Company **DEPT BLAN EXEMPTN EMPLOYEE BENEFIT SECURITY ADMINISTRATION**

Address **200 INSTITUTION AVE. NW. ROOM N1513** Dept./Floor/Suite/Room _____

Address _____ State **D.C.** ZIP **20240**

City **WASHINGTON, D.C.** State **D.C.** ZIP **20240**



8770 7938 4968

Recipient's Copy

4 Express Package Service *To most locations. For most services, FedEx Express freight US Airmail. NOTE: Service order lists changed. Please select carefully.

- Next Business Day**
- FedEx First Overnight
 - FedEx Priority Overnight
 - FedEx Standard Overnight
- 2 or 3 Business Days**
- NEW FedEx 2Day A.M.
 - FedEx 2Day
 - FedEx Express Saver

- 5 Packaging** *Declared value limit \$500.
- FedEx Envelope*
 - FedEx Pak*
 - FedEx Box
 - FedEx Tube
 - Other

- 6 Special Handling and Delivery Signature Options**
- SATURDAY Delivery
 - No Signature Required
 - Direct Signature
 - Indirect Signature

- 7 Payment Bill to:**
- Sender
 - Recipient
 - Third Party
 - Credit Card
 - Cash/Check
- Total Packages _____ Total Weight _____



621

fedex.com 1800.GoFedEx 1800.463.3339

fedex.com 1800.GoFedEx 1800.463.3339