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December 30, 2011

BY CERTIFIED MAIL #7010 1870 0000 1297 5949
RETURN RECEIPT REQUESTED

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

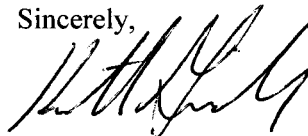
Dear Sir or Madam:

This statement is filed pursuant to Labor Department Regulations Section 2520.104-23 on behalf of the administrator of the Saint Francis HealthCare Partners, Inc. Deferred Compensation Plan.

1. Name and Address of Employer:
 Saint Francis HealthCare Partners, Inc.
 95 Woodland Street
 Hartford, CT 06105
2. Employer Identification Number:
 06-1391257
3. Saint Francis HealthCare Partners, Inc. has adopted the following plan, effective as of October 1, 2011, primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees:
 Number of Plans: 1
 Name of Plan: Saint Francis HealthCare Partners, Inc. Deferred Compensation Plan
 Number of Employees in Plan (as of this date): 0

Please do not hesitate to contact me if you require further information.

Sincerely,



Kenneth F. Ginder

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