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January 24, 2012

CERTIFIED MAIL/
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, D.C. 20210

Dear Sir or Madam:

Pursuant to Department of Labor Regulations, 29 C.F.R. §2520.104-23, under Section 110 of Title I of the Employee Retirement Income Security Act of 1974, the undersigned Employer provides the following information in compliance with the alternative method of reporting and disclosure for unfunded plans maintained for a select group of management or highly compensated employees.

1. Name and Address of Employer:

Otto Bock Health Care North America, Inc.
Two Carlson Parkway N., Suite 100
Plymouth, Minnesota 55447-4467

2. Employer Identification Number: 41-0824465

3. Employer maintains a plan primarily to provide deferred compensation benefits for a select group of management or highly compensated employees. The current name of the plan is: "Provincial Bank Deferred Compensation Plan".

4. Number of such Plans and number of Participants in each Plan:

<u>Plan</u>	<u>Number of Participants</u>
Otto Bock North America Long Term Incentive Plan	9

Otto Bock Health Care North America, Inc.

By: Stephen A. Cam

Its: Secretary

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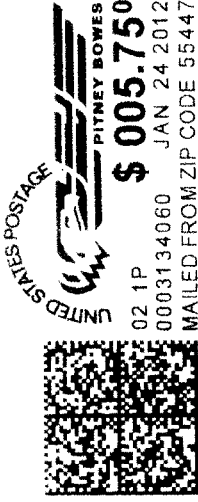
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North American Headquarters
Two Carlson Parkway North, Suite 100
Minneapolis, MN 55447-4467

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