

**Alternative Reporting And Disclosure Statement  
For Nonqualified Deferred Compensation Plans**

EBSA/PUBLIC DISCLOSURE  
2012 MAY 15 PM 4:15

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

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: Southamptton Hospital Association
2. The mailing address of the Employer is: 240 Meeting House Lane  
Southampton, NY 11968-5009
3. The Employer Identification Number is: 11-1667765
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 10 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

Southampton Hospital Association  
A New York Corporation

By: Paul R. Davin  
Paul R. Davin, Vice President, Human Resources

Date: 04/16/2012

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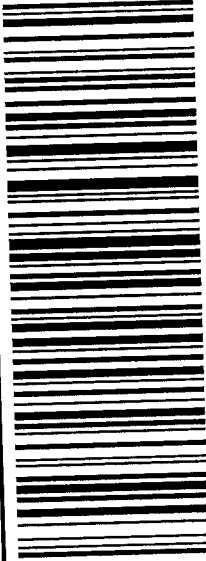

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1 LBS 1 OF 1 PRINCIPAL 919-881-1617 PRINCIPAL FINANCIAL GROUP 4141 PARKLAKE AVE, STE 400 RALEIGH NC 27612 <b>SHIP TO:</b> EMPLOYEE BENEFITS SECURITY ADMIN U.S. DEPARTMENT OF LABOR 200 CONSTITUTION AVE. N.W. ROOM N 1513 TOP HAT PLAN EXEMPTION WASHINGTON DC 20210-0001	<b>MD 201 9-74</b> 	<b>UPS GROUND</b> TRACKING #: 1Z F53 3V0 03 9281 1332 	BILLING: P/P  Department Name: Raleigh NQ Your Name: Nick Elkins <small>CS 14.1.10. WNTIES0 24-04 01/2012</small>
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