

Alternative Reporting And Disclosure Statement 2520122140212
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

Via Certified Mail

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: Sanford Health
2. The mailing address of the Employer is: 1305 W. 18th Street, P.O. Box 5036
Sioux Falls, SD 57117
3. The Employer Identification Number is: 31-1527032
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 4 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

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EBSA/PUBLIC DISC

Dated: June 14, 2012

Sanford Health
A South Dakota Organization

By: Evan Burkette

Evan Burkette, Chief Human Capital Officer



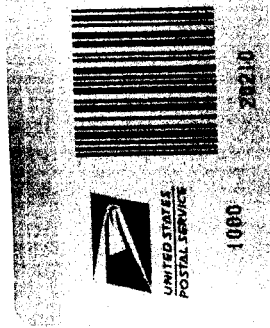
HEATH

Sanford Center
Corp Admin | 100-11000
PO Box 5039
Sioux Falls SD 57117-5039

SANFORD



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