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October 31, 2013

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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

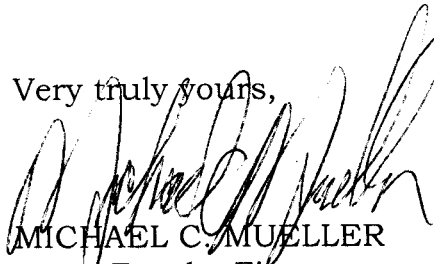
CERTIFIED MAIL - RETURN
 RECEIPT REQUESTED

Re: Employer: Nebraska Hospital Association
 Employer Identification No.: 47-0384546

Dear Sir or Madam:

We enclose for filing the Top Hat Plan Statement for the employer described above. Please contact me between the hours of 8:00 a.m. and 5:00 p.m., Central Time, if you wish to discuss this or need further information.

Very truly yours,


 MICHAEL C. MUELLER
 For the Firm

Enclosure

4815-7882-3190, v. 1

TOP HAT PLAN STATEMENT

Pursuant to 29 C.F.R. § 2520.104-23, the undersigned employer makes the following statement:

1. Employer Name and Address:

Nebraska Hospital Association
3255 Salt Creek Circle, Suite 100
Lincoln, NE 68504


2. Employer Identification No.: 47-0384546

3. The Employer maintains a plan or plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

4. The number of plans that the employer maintains is one and the number of employees participating in the Plan is 1.

NEBRASKA HOSPITAL ASSOCIATION

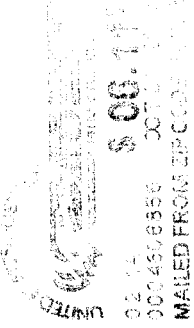
Dated October 30, 2013

By: 
David Burd, Vice President, Finance

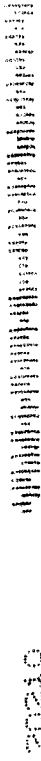
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