

**Alternative Reporting And Disclosure Statement  
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

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: Peninsula Institute for Community Health
2. The mailing address of the Employer is: 1033 28<sup>th</sup> Street  
Newport News, VA 23607
3. The Employer Identification Number is: 54-1083954
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(s) covering 19 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

Peninsula Institute for Community Health  
A Virginia Corporation

By: Angela Futzrell  
Authorized Person

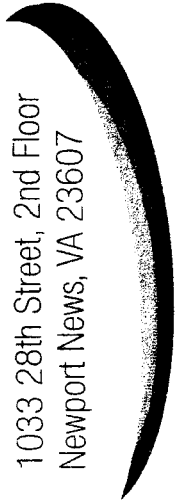
Dated: 6/23/2015

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1033 28th Street, 2nd Floor  
Newport News, VA 23607



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