



December 22, 2008

Subject: **Ascension Summary Annual Report**

Dear Associate:

On the back of this sheet is the **Ascension Summary Annual Report** for Lourdes Health Network Associates for the following plan:

Hartford Life – Business Travel Accident Plan

Please note that this does not guarantee coverage. Associates have to be eligible for the Plan.

If you have any questions, please feel free to call me at 509-546-2230

Sincerely,

A handwritten signature in black ink that reads "Janie Jonker". The signature is written in a cursive style with a large initial "J".

Janie Jonker
Benefits Specialist
Lourdes Health Network

SUMMARY ANNUAL REPORT
FOR ASCENSION HEALTH BUSINESS TRAVEL ACCIDENT PLAN

This is a summary of the annual report of the ASCENSION HEALTH BUSINESS TRAVEL ACCIDENT PLAN, EIN 31-1662309, Plan No. 503, for period January 1, 2007 through December 31, 2007. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The plan has a contract with HARTFORD LIFE AND ACCIDENT to pay Business Travel Accident claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2007 were \$77,251.

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write ASCENSION HEALTH, PO BOX 46944 11775 BORMAN DRIVE, SUITE 106, ST. LOUIS, MO 63146-6944, (314) 733-8673.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan (ASCENSION HEALTH, PO BOX 46944 11775 BORMAN DRIVE, SUITE 106, ST. LOUIS, MO 63146-6944) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.