Part A - CONTRIBUTIONS

Pg 4 Cert

DUE by NOVEMBER 3

Contribution Data Certification

| Institution Name: | | ne: UT Southwestern Medica | al Center at Dallas | | | | |
|-------------------|--|----------------------------|---------------------|------------------------------------|--|--|--|
| 2. | PREPARED B | Y : | | | | | |
| | Name: | Regena Williams | Address: _ | 5323 Harry Hines Blvd | | | |
| | Title: | Accounting Supervisor | - | Dallas, TX 75390 | | | |
| | Phone: | 214-648-0133 | _ | | | | |
| | FAX: | 214-648-0130 | E-mail: | regena.williams@utsouthwestern.edu | | | |
| 3. | APPROVED B | SY (Certifying Official): | | | | | |
| | Name: | George Kokoruda | Address: _ | 5323 Harry Hines Blvd | | | |
| | Title: | Assistant Vice President | _ | Dallas, TX 75390 | | | |
| | Phone: | 214-648-0100 | . <u>-</u> | | | | |
| | FAX: | 214-648-0104 | E-mail: | george.kokoruda@utsouthwestern.edu | | | |
| 4. | a. Enter "X" here if your list of authorized ORP vendors during FY08 has been e-mailed to: TexORP@thecb.state.tx.us OR b. Enter "X" here if your list of authorized ORP vendors is not available electronically and is attached to this form for hard-copy mailing or fax. | | | | | | |
| 5. | CERTIFICATION: I certify that the information given in Part A of this report, including data submitted electronically on the provided forms, is correct and true to the best of my knowledge and is in accordance with applicable statutes and rules. | | | | | | |
| | Signature c | of Certifying Official: | 2 | Date: 10/25/08 | | | |

>>> Mail signed page to: Toni Alexander, Texas Higher Education Coordinating Board, P.O. Box 12788, Austin TX 78711. <<<
OR: Fax signed page to (512) 427-6510. OR: Scan signed page and send as an e-mail attachment to TexORP@thecb.state.tx.us.

Part A - CONTRIBUTIONS

8.5% Pg 1

DUE by NOVEMBER 3

| 1. | Institution Name: | UT Southwestern Medical Center at Dallas | | This report covers the period 9/01/07 through 08/31/08. |
|----|-------------------|---|------|---|
| 2. | Employer Contribu | tion Rate Category for this set of pages 1 and 2: | 8.5% | |

3. Enter Salary and Contribution Data:

| Salary Source (Definitions provided in Appendix A.) | No. of ORP Participants (See Appendix B.) | · · · · · · · · · · · · · · · · · · · | | |
|---|---|---------------------------------------|-------------|--|
| General Revenue Funds | 175.25 | \$23,905,522 | \$2,031,687 | |
| Other Educational and General Funds | | | | |
| Non-Educational and General Funds | 188.50 | \$45,539,964 | \$3,870,9 | |
| Federal Funds and Private Grants | 127.25 | \$17,214,084 | \$1,463,133 | |
| Other (specify): | | | | |
| Other (specify): | | | | |
| Other (specify): | | | | |
| TOTAL, 8.5% | 491.00 | \$86,659,570 | \$7,365,802 | |

| COMMENTS: | Page 8.5% Check difference for Employee deduction due to Salary calculation when employee reaches the maximum |
|-----------|---|
| | Check difference for Employer Matching is due to prior period changes that were paid at a different rate. |
| | |

8.5% Pg 2

Part A - CONTRIBUTIONS

DUE by NOVEMBER 3

| 1. Institution Name: | UT Southwestern Medical Center at Dallas | If a cor |
|----------------------|--|-----------|
| | | please ca |

If a company is not listed, please call Toni Alexander at (512) 427-6195 for the code.

2. Employer Contribution Rate Category for this set of pages 1 and 2:

8.5%

3. Total dollar remittance in Fiscal Year 2008 to each company receiving Optional Retirement Program contributions:

| Company Name | Co. Code | No. of ORP Participants * | Employee Contribution | Employer Contribution | Total Remittance |
|---|-------------|------------------------------|--------------------------|-----------------------------|---------------------------------------|
| Company Group A: MOST CO | MMONLY | USED companies | receiving ORP contribu | utions in previous fiscal y | rear |
| AIG Retirement / VALIC | 088 | 18.50 | \$207,152 | \$264,781 | \$471,933 |
| American Funds | 168 | | | | · · · · · · · · · · · · · · · · · · · |
| Ameriprise Financial / American Express / IDS | 042 | 1.00 | \$4,922 | \$6,291 | \$11,213 |
| Chase Insurance Life and Annuity | 256 | | | | |
| Citistreet | 217 | | | | |
| Fidelity Investments | 115 | 162.50 | \$2,059,727 | \$2,632,734 | \$4,692,461 |
| Fiserv / Resources Trust / Lincoln Trust | 241 | | | | |
| ING | 001 | 108.50 | \$1,102,546 | \$1,409,269 | \$2,511,815 |
| ISC Group, inc. | 259 | | | | |
| Kemper Investors Life | 045 | 1.50 | \$8,815 | \$11,267 | \$20,082 |
| Lincoln Financial Group / Jefferson-Pilot | 049 | 86.84 | \$1,208,612 | \$1,544,843 | \$2,753,455 |
| Merrill Lynch | 176 | 1.50 | \$7,727 | \$9,877 | \$17,604 |
| MetLife / New England Financial | 052 | 18.83 | \$152,974 | \$195,530 | \$348,504 |

8.5% Pg 2

Part A - CONTRIBUTIONS

DUE by NOVEMBER 3

| 1. Institution Name: | UT Southwestern Medical Center at Dallas | If a company is not listed, |
|----------------------|--|-------------------------------|
| | | please call Toni Alexander at |
| | | (512) 427_6105 for the code |

2. Employer Contribution Rate Category for this set of pages 1 and 2:

8.5%

3. Total dollar remittance in Fiscal Year 2008 to each company receiving Optional Retirement Program contributions:

| Company Name | Co. Code | No. of ORP Participants * | Employee Contribution | Employer Contribution | Total Remittance |
|--|-------------|------------------------------|---------------------------|--------------------------|---------------------|
| | Code | ratticipants | Contribution | Contribution | Remittance |
| Nationwide | 058 | 1.00 | \$6,825 | \$8,723 | \$15,548 |
| Pioneer Investments | 140 | 1.50 | \$10,243 | \$13,093 | \$23,336 |
| RSGroup / Texas Retirement Trust / QUADS | 171 | 1.00 | \$5,468 | \$6,989 | \$12,457 |
| Security Benefit | 073 | | | | |
| TIAA-CREF | 081 | 75.83 | \$917,655 | \$1,172,942 | \$2,090,597 |
| Travelers | 083 | | | | |
| USAA Life / USAA Investment Mgmt | 087 | 0.50 | \$4,988 | \$6,375 | \$11,363 |
| Van Kampen Investments | 139 | | | | |
| Company Group B: ADD | ITIONAL c | ompanies recei | ving ORP contributions in | previous fiscal year | |
| AIG American General / Franklin Life | 008 | | | | |
| AIG Sunamerica / Anchor National | 238 | | | | |
| AIM Investments / Invesco Aim | 221 | | | | |
| Allianz Life of North America / PIMCO | 026 | | | | |
| Allmerica Financial / SMA Life Assurance | 074 | 0.50 | \$1,554 | \$1,987 | \$3,541 |

8.5% Pg 2

Part A - CONTRIBUTIONS

DUE by NOVEMBER 3

| 1. Institution Name: | UT Southwestern Medical Center at Dallas | If a company is not listed, |
|----------------------|--|-------------------------------|
| | | please call Toni Alexander at |
| | - · | (512) 427 6105 for the code |

2. Employer Contribution Rate Category for this set of pages 1 and 2:

8.5%

(512) 427-6195 for the code.

3. Total dollar remittance in Fiscal Year 2008 to each company receiving Optional Retirement Program contributions:

| Company Name | Co. Code | No. of ORP Participants * | Employee Contribution | Employer Contribution | Total Remittance |
|--|-------------|------------------------------|--------------------------|--------------------------|---------------------|
| American Century / 20th Century | 179 | 0.50 | \$1,219 | \$1,558 | \$2,777 |
| American National Funds Group | 181 | | | | |
| American United / OneAmerica | 010 | | | | |
| AmerUs / Amer Investors / Delta Life / Aviva | 159 | | 1.01.2-0.0 | | |
| Annuity Investors Life | 243 | | | | |
| AXA Equitable | 024 | | | | |
| Capital Guardian | 118 | 5.50 | \$35,655 | \$45,574 | \$81,229 |
| Conseco / Jefferson Nat'l / inviva | 032 | | | | |
| Cummer/Moyers / SMH Capital Advisors | 240 | | | | |
| Davis Funds | 246 | | | | |
| Delaware Investments (Lincoln Financial) | 184 | | | | |
| Diversified Investment Advisors | 223 | | | | |
| DWS Investments / Scudder | 125 | | | | |
| Educators Money (Great-West) | 248 | | | | |

8.5% Pg 2

Part A - CONTRIBUTIONS

DUE by NOVEMBER 3

| Institution Name: | UT Southwestern Medical Center at Dallas | If a company is not listed, |
|-------------------|--|-------------------------------|
| | | please call Toni Alexander at |
| | | (512) 427 5105 for the code |

2. Employer Contribution Rate Category for this set of pages 1 and 2:

8.5%

3. Total dollar remittance in Fiscal Year 2008 to each company receiving Optional Retirement Program contributions:

| Company Name | Co. | No. of ORP | Employee | Employer | Total |
|---|------|----------------|--------------|--------------|------------|
| | Code | Participants * | Contribution | Contribution | Remittance |
| Edward Jones | 257 | | | | |
| Evergreen Investments | 122 | 1.50 | \$7,887 | \$10,081 | \$17,968 |
| First Investors Fund | 147 | | | | |
| Fortis | 131 | | | | |
| Franklin Templeton | 197 | | | | |
| FTJ Fund Choice | 255 | | | | |
| General American / GenAmerica Financial | 030 | | | | |
| Great American Life / GALIC | 095 | 1.00 | \$6,381 | \$8,156 | \$14,537 |
| Great Southern / Americo | 033 | | | | |
| Great-West | 035 | | | | |
| Guardian Insurance and Annuity | 137 | | | | |
| Hartford, The | 038 | | | | |
| Investors Life of North America | 097 | | | | |
| Jackson National | 117 | 1.00 | \$3,031 | \$3,874 | \$6,905 |

8.5% Pg 2

Part A - CONTRIBUTIONS

DUE by NOVEMBER 3

| Institution Name: | UT Southwestern Medical Cente | r at Dallas | If a company is not listed, |
|--------------------------|--|-------------|-------------------------------|
| | | | please call Toni Alexander at |
| 2. Employer Contribution | n Rate Category for this set of pages 1 and 2: | 8.5% | (512) 427-6195 for the code. |

3. Total dollar remittance in Fiscal Year 2008 to each company receiving Optional Retirement Program contributions:

| Company Name | Co. | No. of ORP | Employee | Employer | Total |
|---|------|----------------|--------------|--------------|---|
| Company Name | Code | Participants * | Contribution | Contribution | Remittance |
| Legend Group, The | 250 | | | | , may kang kang kang kang kang kang kang kang |
| Life Ins. Co. of the Southwest | 146 | | | | |
| LPL Financial (was Linsco Private Ledger) | 247 | | | | |
| ManuLife Financial / John Hancock | 154 | | | | |
| Massachusetts Mutual / Connecticut Mutual | 051 | | | | |
| MFS Investment Management | 239 | | | | |
| Mid-Atlantic Capital Corp. / Trust Co. | 258 | | | | |
| Midland Nat'l / Investors Life of Nebraska | 163 | | | | |
| MONY Mutual of New York (AXA subsidiary) | 056 | 1.50 | \$6,698 | \$8,562 | \$15,260 |
| National Western | 134 | | | | |
| Nationwide Financial | 245 | | | | |
| New York Life | 060 | | | | |
| Northern Life / ReliaStar Life (ING subsidiary) | 121 | 0.50 | \$2,579 | \$3,296 | \$5,875 |
| Pacific Life | 064 | | | | |

8.5% Pg 2

Part A - CONTRIBUTIONS

DUE by NOVEMBER 3

| I. Institution Name: | UT Southwestern Medical Cente | er at Dallas | If a company is not listed, |
|--------------------------|--|--------------|-------------------------------|
| | | | please call Toni Alexander at |
| 2. Employer Contribution | n Rate Category for this set of pages 1 and 2: | 8.5% | (512) 427-6195 for the code. |

3. Total dollar remittance in Fiscal Year 2008 to each company receiving Optional Retirement Program contributions:

| Company Name | Co. Code | No. of ORP Participants * | Employee Contribution | Employer Contribution | Total Remittance |
|--|-------------|------------------------------|--------------------------|--------------------------|---------------------------------------|
| PFS Investments (Primerica/Citigroup subsidiary) | 210 | | | | |
| Primerica (Citigroup subsidiary) | 153 | | | | |
| Prudential Annuities / American Skandia | 070 | | St. 1. 1188 | | |
| Safeco Life | 072 | | | | i i i i i i i i i i i i i i i i i i i |
| Smith Barney (Citigroup subsidiary) | 252 | | | | |
| State Farm Life | 079 | | | | |
| Sterling Trust | 242 | | | | |
| Sun Life Assurance of Canada U.S. | 103 | | | | |
| Symetra Life | 261 | | | | |
| T. Rowe Price | 123 | | | | |
| TD AMERITRADE | 260 | : | | | |
| Thrivent Financial for Lutherans | 158 | | | | |
| Transamerica Financial (AEGON subsidiary) | 082 | | <u>.</u> | | |
| Trust Co. of America | 190 | | | | |

8.5% Pg 2

Part A - CONTRIBUTIONS

DUE by NOVEMBER 3

| 1. Institution Name: | UT Southwestern Medical Cent | er at Dallas | If a company is not listed, |
|--------------------------|--|--------------|-------------------------------|
| | | | please call Toni Alexander at |
| 2. Employer Contribution | n Rate Category for this set of pages 1 and 2: | 8.5% | (512) 427-6195 for the code. |

3. Total dollar remittance in Fiscal Year 2008 to each company receiving Optional Retirement Program contributions:

| | >>> ROUND to the hearest dollar - NO CENTS | | | | |
|--|--|------------------------------|--------------------------|--------------------------|---------------------|
| Company Name | Co. Code | No. of ORP Participants * | Employee Contribution | Employer Contribution | Total Remittance |
| UBS | 226 | | | | |
| Union Central | 084 | | | | |
| United Investors Life | 213 | | | | |
| UNUM / Union Mutual Life / UnumProvident | 198 | | | | |
| Vanguard Group | 180 | | | | |
| Wachovia Securities / Prudential Financial | 119 | | | | |
| Waddell & Reed Financial Services | 135 | | | | |
| Western National | 093 | | | | |
| Western Reserve Life Assurance Ohio | 207 | | | | |
| | | | | | |
| | | | | | 14 J |
| TOTAL, 8.5% | \times | 491.00 | \$5,762,658 | \$7,365,802 | \$13,128,460 |

This page provides a check of the data entered on page 1 and page 2 of the 8.5% report to ensure that amounts match (and have no rounding errors).

1. The TOTAL number of participants on "8.5% Pg 1" should exactly match the TOTAL number of participants on "8.5% Pg 2."

page 1 amount 491.00 AutoCheck:
page 2 amount 491.00 Matched -- Please proceed.
difference 0.00 (must be zero)

2. The TOTAL employer contributions on "8.5% Pg 1" should exactly match the TOTAL employer contributions on "8.5% Pg 2."

page 1 amount 7,365,802.00 AutoCheck:
page 2 amount 7,365,802.00 Matched — Please proceed.

difference 0.00 (must be zero)

3. The TOTAL salary on "8.5% Pg 1" multiplied by the employee contribution rate (6.65%) should match or come relatively close to the TOTAL employee contributions on "8.5% Pg 2" based on payroll size.

 page 1 salary
 86,659,569.60
 x 6.65% =
 5,762,861.38

 page 2 ee contr
 5,762,658.00

 difference
 203.38
 Should be relatively close to zero.

 If not, click here for Optional Check.

4. The TOTAL salary shown on "8.5% Pg 1" multiplied by the 8.5% employer contribution rate should match or come relatively close to the TOTAL employer contributions shown on "8.5% Pg 2" based on payroll size.

page 1 salary 86,659,569.60 x 8.5% = 7,366,063.42

page 2 er contr 7,365,802.00

difference 261.42 Should be relatively close to zero.

If not, click here for Optional Check.

Part A - CONTRIBUTIONS

Pg 1a

DUE by NOVEMBER 3

| 1. | Institution Name: | UT Southwestern Medical Cent | er at Dallas | This report covers the period 9/01/07 through 08/31/08. |
|----|-------------------|---|--------------|---|
| 2. | Enter Employer Co | ntribution Rate Category for this set of pages 1 and 2: | 7.50% | |
| _ | <i></i> | | | |

3. Enter Salary and Contribution Data:

>>> ROUND to nearest dollar -- NO CENTS <<<

| Salary Source (Definitions provided in Appendix A.) | No. of ORP Participants (See Appendix B.) | Salary of these participants in FY08 | Employer contribution for these participants in FY08 |
|--|--|---|--|
| General Revenue Funds | 375.67 | \$33,216,571 | \$2,492,834 |
| Other Educational and General Funds | 1.00 | \$54,936 | \$4,120 |
| Non-Educational and General Funds | 615.17 | \$92,199,514 | \$6,913,259 |
| Federal Funds and Private Grants | 644.16 | \$35,425,105 | \$2,656,956 |
| Other (specify): | | | |
| Other (specify): | | | |
| Other (specify): | | | |
| TOTAL, Page 1a | 1,636.00 | \$160,896,126 | \$12,067,169 |

COMMENTS:

Page 1a-2a Check difference for Employee deduction due to Salary calculation when employee reaches the maximum. Check difference for Employer Matching is due to prior period changes that were paid at a different rate.

Pg 2a

Part A - CONTRIBUTIONS

DUE by NOVEMBER 3

| 1. Institution Name: | UT Southwestern Medical Center at Dallas | If a company is not listed, |
|-------------------------|--|--|
| 2. Enter Employer Contr | ribution Rate Category for this set of pages 1 and 2 here: 7.50% | please call Toni Alexander at (512) 427-6195 for the code. |

3. Total dollar remittance in Fiscal Year 2008 to each company receiving Optional Retirement Program contributions:

| Company Name | Co. Code | No. of ORP Participants * | Employee Contribution | Employer Contribution | Total Remittance |
|---|-------------|------------------------------|--------------------------|------------------------------|------------------------|
| Company Group A: MOST CO | MMONLY | USED companies | receiving ORP contribu | tions in previous fiscal yea | ar |
| AIG Retirement / VALIC | 088 | 127.59 | \$492,792 | \$555,758 | \$1,048,550 |
| American Funds | 168 | | | | |
| Ameriprise Financial / American Express / IDS | 042 | | | | |
| Chase Insurance Life and Annuity | 256 | | | | ····háinhlais laiteann |
| Citistreet | 217 | | | | |
| Fidelity Investments | 115 | 687.08 | \$4,983,998 | \$5,614,431 | \$10,598,429 |
| Fiserv / Resources Trust / Lincoln Trust | 241 | | | | |
| ING | 001 | 191.33 | \$1,003,448 | \$1,135,180 | \$2,138,628 |
| ISC Group, Inc. | 259 | | | | |
| Kemper Investors Life | 045 | | | | A Prince |

Pg 2a

Part A - CONTRIBUTIONS

DUE by NOVEMBER 3

| 1. Institution Name: | UT Southwestern Medical Center at D | allas | If a company is not listed, |
|------------------------|--|-------|-------------------------------|
| | | | please call Toni Alexander at |
| 2. Enter Employer Cont | ribution Rate Category for this set of pages 1 and 2 here: | 7.50% | (512) 427-6195 for the code. |

3. Total dollar remittance in Fiscal Year 2008 to each company receiving Optional Retirement Program contributions:

| Company Name | Co. Code | No. of ORP Participants * | Employee Contribution | Employer Contribution | Total Remittance |
|---|-------------|------------------------------|--------------------------|--------------------------|---------------------|
| Lincoln Financial Group / Jefferson-Pilot | 049 | 239.42 | \$1,994,357 | \$2,249,276 | \$4,243,633 |
| Merrill Lynch | 176 | | | | |
| MetLife / New England Financial | 052 | 88.67 | \$419,901 | \$472,635 | \$892,536 |
| Nationwide | 058 | | | | |
| Pioneer Investments | 140 | 0.50 | \$1,521 | \$1,716 | \$3,237 |
| RSGroup / Texas Retirement Trust / QUADS | 171 | | | | |
| Security Benefit | 073 | | | | |
| TIAA-CREF | 081 | 300.08 | \$1,797,492 | \$2,030,412 | \$3,827,904 |
| Travelers | 083 | | | | |
| USAA Life / USAA Investment Mgmt | 087 | 1.33 | \$6,054 | \$7,761 | \$13,815 |
| Van Kampen Investments | 139 | | | | |

TEXAS HIGHER EDUCATION COORDINATING BOARD Fiscal Year 2008 Report on Optional Retirement Program Participation

Part A - CONTRIBUTIONS

DUE by NOVEMBER 3

| Institution Name: | UT Southwestern Medical Center at Dallas | If a company is not listed, |
|-------------------------|---|--|
| 2. Enter Employer Contr | ibution Rate Category for this set of pages 1 and 2 here: 7.50% | please call Toni Alexander at (512) 427-6195 for the code. |

3. Total dollar remittance in Fiscal Year 2008 to each company receiving Optional Retirement Program contributions:

| Company Name | Co. Code | No. of ORP Participants * | Employee Contribution | Employer Contribution | Total Remittance |
|--|-------------|------------------------------|---|--------------------------|---------------------|
| Company Group B: ADD | iTIONAL c | ompanies receivin | g ORP contributions in | n previous fiscal year | |
| AIG American General / Franklin Life | 008 | | | | |
| AIG Sunamerica / Anchor National | 238 | | | | 1 |
| AIM Investments / Invesco Aim | 221 | | | | |
| Allianz Life of North America / PIMCO | 026 | | | | |
| Allmerica Financial / SMA Life Assurance | 074 | | | 1 | |
| American Century / 20th Century | 179 | | | | |
| American National Funds Group | 181 | · | | | |
| American United / OneAmerica | 010 | | | | |
| AmerUs / Amer Investors / Delta Life / Aviva | 159 | | *************************************** | | |
| Annuity Investors Life | 243 | | | | |

TEXAS HIGHER EDUCATION COORDINATING BOARD Fiscal Year 2008 Report on Optional Retirement Program Participation

Part A - CONTRIBUTIONS

DUE by NOVEMBER 3

| 1. Institution Name: | UT Southwestern Medical Center at Dallas | If a company is not listed, |
|-------------------------|---|--|
| 2. Enter Employer Contr | ibution Rate Category for this set of pages 1 and 2 here: 7.50% | please call Toni Alexander at (512) 427-6195 for the code. |

3. Total dollar remittance in Fiscal Year 2008 to each company receiving Optional Retirement Program contributions:

| Company Name | Co. Code | No. of ORP Participants * | Employee Contribution | Employer Contribution | Total Remittance |
|--|-------------|------------------------------|--------------------------|--------------------------|---------------------|
| AXA Equitable | 024 | | | | |
| Capital Guardian | 118 | | | | |
| Conseco / Jefferson Nat'l / inviva | 032 | | | | |
| Cummer/Moyers / SMH Capital Advisors | 240 | | | | |
| Davis Funds | 246 | | | | |
| Delaware Investments (Lincoln Financial) | 184 | | | | |
| Diversified Investment Advisors | 223 | | | | |
| DWS Investments / Scudder | 125 | | | | |
| Educators Money (Great-West) | 248 | | | | : . |
| Edward Jones | 257 | | | | |
| Evergreen Investments | 122 | | | | |

TEXAS HIGHER EDUCATION COORDINATING BOARD Fiscal Year 2008 Report on Optional Retirement Program Participation

Part A - CONTRIBUTIONS

DUE by NOVEMBER 3

| 1. Institution Name: | UT Southwestern Medical Center at Dallas | If a company is not listed, |
|------------------------|--|--|
| 2. Enter Employer Conf | ribution Rate Category for this set of pages 1 and 2 here: 7.50% | please call Toni Alexander at (512) 427-6195 for the code. |

3. Total dollar remittance in Fiscal Year 2008 to each company receiving Optional Retirement Program contributions:

| Company Name | Co. Code | No. of ORP Participants * | Employee Contribution | Employer Contribution | Total Remittance |
|---|-------------|------------------------------|--------------------------|--------------------------|---------------------|
| First Investors Fund | 147 | | | | |
| Fortis | 131 | | | | |
| Franklin Templeton | 197 | | | | |
| FTJ Fund Choice | 255 | | | | |
| General American / GenAmerica Financial | 030 | | | | |
| Great American Life / GALIC | 095 | | | | |
| Great Southern / Americo | 033 | | | | |
| Great-West | 035 | | | | |
| Guardian Insurance and Annuity | 137 | | | | |
| Hartford, The | 038 | | | | |
| Investors Life of North America | 097 | | | | |

TEXAS HIGHER EDUCATION COORDINATING BOARD Fiscal Year 2008 Report on Optional Retirement Program Participation

Part A - CONTRIBUTIONS

DUE by NOVEMBER 3

| 1. Institution Name: | UT Southwestern Medical Center at Dallas | If a company is not listed, |
|------------------------|--|--|
| 2. Enter Employer Cont | ribution Rate Category for this set of pages 1 and 2 here: 7.50% | please call Toni Alexander at (512) 427-6195 for the code. |

3. Total dollar remittance in Fiscal Year 2008 to each company receiving Optional Retirement Program contributions:

| Company Name | Co. Code | No. of ORP Participants * | Employee Contribution | Employer Contribution | Total Remittance |
|--|-------------|------------------------------|--------------------------|--------------------------|---------------------|
| Jackson National | 117 | | | | |
| Legend Group, The | 250 | | | | |
| Life Ins. Co. of the Southwest | 146 | | | | |
| LPL Financial (was Linsco Private Ledger) | 247 | | | | |
| ManuLife Financial / John Hancock | 154 | | | | |
| Massachusetts Mutual / Connecticut Mutual | 051 | | | | |
| MFS Investment Management | 239 | | | | |
| Mid-Atlantic Capital Corp. / Trust Co. | 258 | | | | |
| Midland Nat'l / Investors Life of Nebraska | 163 | | | | |
| MONY Mutual of New York (AXA subsidiary) | 056 | | | | |
| National Western | 134 | | | | |

TEXAS HIGHER EDUCATION COORDINATING BOARD Fiscal Year 2008 Report on Optional Retirement Program Participation

Part A - CONTRIBUTIONS

DUE by NOVEMBER 3

| 1. Institution Name: | UT Southwestern Medical Center at Dallas | If a company is not listed, |
|-------------------------|--|--|
| 2. Enter Employer Contr | bution Rate Category for this set of pages 1 and 2 here: 7.50% | please call Toni Alexander at (512) 427-6195 for the code. |

3. Total dollar remittance in Fiscal Year 2008 to each company receiving Optional Retirement Program contributions:

| Company Name | Co. Code | No. of ORP Participants * | Employee Contribution | Employer Contribution | Total Remittance |
|--|-------------|------------------------------|---|--------------------------|---------------------|
| Nationwide Financial | 245 | | | | |
| New York Life | 060 | | | | |
| Northern Life / ReliaStar Life (ING subsidiary) | 121 | | | | |
| Pacific Life | 064 | | | | |
| PFS Investments (Primerica/Citigroup subsidiary) | 210 | | | | |
| Primerica (Citigroup subsidiary) | 153 | | | | |
| Prudential Annuities / American Skandia | 070 | | *************************************** | | |
| Safeco Life | 072 | | ······································ | | |
| Smith Barney (Citigroup subsidiary) | 252 | | 0 11 0001 0100 00 0 100 0 1 1 1 1 1 1 1 | | |
| State Farm Life | 079 | | | | |
| Sterling Trust | 242 | | | | |

TEXAS HIGHER EDUCATION COORDINATING BOARD Fiscal Year 2008 Report on Optional Retirement Program Participation

Part A - CONTRIBUTIONS

DUE by NOVEMBER 3

| 1. Institution Name: | UT Southwestern Medical Center at Dallas | If a company is not listed, |
|------------------------|---|--|
| 2. Enter Employer Cont | ibution Rate Category for this set of pages 1 and 2 here: 7.50% | please call Toni Alexander at (512) 427-6195 for the code. |

3. Total dollar remittance in Fiscal Year 2008 to each company receiving Optional Retirement Program contributions:

| Company Name | Co. Code | No. of ORP Participants * | Employee Contribution | Employer Contribution | Total Remittance |
|---|-------------|------------------------------|--------------------------|--------------------------|---------------------|
| Sun Life Assurance of Canada U.S. | 103 | | | | |
| Symetra Life | 261 | | | | |
| T. Rowe Price | 123 | | | | |
| TD AMERITRADE | 260 | | | | |
| Thrivent Financial for Lutherans | 158 | | | | |
| Transamerica Financial (AEGON subsidiary) | 082 | | | | |
| Trust Co. of America | 190 | | | | |
| UBS | 226 | | | | |
| Union Central | 084 | | | | |
| United Investors Life | 213 | | | | |
| UNUM / Union Mutual Life / UnumProvident | 198 | | | | |

Pg 2a

Part A - CONTRIBUTIONS

DUE by NOVEMBER 3

| 1. Institution Name: | UT Southwestern Medical Center at Dallas | If a company is not listed, | |
|-------------------------|---|--|--|
| 2. Enter Employer Contr | ibution Rate Category for this set of pages 1 and 2 here: 7.50% | please call Toni Alexander at (512) 427-6195 for the code. | |

3. Total dollar remittance in Fiscal Year 2008 to each company receiving Optional Retirement Program contributions:

| Co. Code | No. of ORP Participants * | Employee Contribution | Employer Contribution | Total Remittance |
|-------------|------------------------------|--|--|--|
| 180 | | | | |
| 119 | | | | |
| 135 | | ****** | | |
| 093 | | | | |
| 207 | | | | |
| | | | | |
| | 4 626 00 | 640 600 500 | \$40,067,460 | \$22,766,732 |
| | 180 119 135 093 | Code Participants * 180 119 135 093 207 | Code Participants * Contribution 180 119 135 093 | Code Participants * Contribution Contribution 180 119 135 093 207 |

This page provides a check of the data entered on page 1a and page 2a of the report to ensure that amounts match (and have no rounding errors).

1. The TOTAL number of participants on "Pg 1a" should exactly match the TOTAL number of participants on "Pg 2a."

page 1 amount

1,636.00

AutoCheck:

page 2 amount 1,636.00

Matched -- Please proceed.

difference

0.00 (must be zero)

2. The TOTAL employer contributions on "Pg 1a" should exactly match the TOTAL employer contributions on "Pg 2a."

page 1 amount

12,067,169.00

AutoCheck:

page 2 amount

12,067,169.00

Matched! Please proceed.

difference

0.00 (must be zero)

3. The TOTAL salary on "Pg 1a" multiplied by the employee contribution rate (6.65%) should match or come relatively close to the TOTAL employee contributions on "Pg 2a" based on payroll size.

page 1 salary

160,896,126.02

x 6.65% =

10,699,592.38

page 2 ee contr

10,699,563.00

difference

29.38

4. The TOTAL salary shown on "Pg 1a" multiplied by the employer contribution rate should match or come relatively close to the TOTAL employer contributions shown on "Pg 2a" based on payroll size.

page 1 salary

160,896,126.02

7.50%

12,067,209.45

page 2 er contr

12,067,169.00

40.45

difference

Should be relatively close to zero. If not, click here for Optional Check.

Should be relatively close to zero.

If not, click here for Optional Check.

Part A - CONTRIBUTIONS

All Rates Pg 1

DUE by NOVEMBER 3

| | · | contribution Data: | | >>> ROUND to nearest d | Ulai - Ito office |
|-----|----------------------------------|-------------------------|-------------------------|------------------------|----------------------------|
| | Sa | lary Source | No. of ORP Participants | Salary of these | Employer contribution for |
| (| | rovided in Appendix A.) | (See Appendix B.) | participants in FY08 | these participants in FY08 |
| Ge | eneral Revenue | e Funds | 550.92 | \$57,122,093 | \$4,524,521 |
| Oth | ner Education | al and General Funds | 1.00 | \$54,936 | \$4,120 |
| Noi | n-Educationa | l and General Funds | 803.67 | \$137,739,478 | \$10,784,241 |
| Fed | Federal Funds and Private Grants | | 771.41 | \$52,639,189 | \$4,120,089 |
| Oth | her (specify): | | | | |
| Oth | her (specify): | | | | |
| Oth | her (specify): | | | | |
| то | OTAL, All Rate | es | 2,127.00 | \$247,555,696 | \$19,432,971 |

Part A - CONTRIBUTIONS

All Rates Pg 2

DUE by NOVEMBER 3

| | UT Southwestern Medical Center at Dallas |
|-------------------|--|
| Institution Name: | or codamodical moderal contact at panels |
| | |

2. Employer Contribution Rate Category for this set of pages 1 and 2:

ALL RATES

| Company Name | Co. Code | No. of ORP Participants | Employee Contribution | Employer Contribution | Total Remittance | |
|---|-------------|----------------------------|--------------------------|--------------------------|---------------------|--|
| Company Group A: MOST COMMONLY USED companies receiving ORP contributions in previous fiscal year | | | | | | |
| AIG Retirement / VALIC | 088 | 146.09 | 699,944.00 | 820,539.00 | \$1,520,483 | |
| American Funds | 168 | | | | | |
| Ameriprise Financial / American Express / IDS | 042 | 1.00 | 4,922.00 | 6,291.00 | \$11,213 | |
| Chase Insurance Life and Annuity | 256 | | | | | |
| Citistreet | 217 | | | | | |
| Fidelity Investments | 115 | 849.58 | 7,043,725.00 | 8,247,165.00 | \$15,290,890 | |
| Fiserv / Resources Trust / Lincoln Trust | 241 | | | | | |
| ING | 001 | 299.83 | 2,105,994.00 | 2,544,449.00 | \$4,650,443 | |
| ISC Group, Inc. | 259 | | | | | |
| Kemper Investors Life | 045 | 1.50 | 8,815.00 | 11,267.00 | \$20,082 | |
| Lincoln Financial Group / Jefferson-Pilot | 049 | 326.26 | 3,202,969.00 | 3,794,119.00 | \$6,997,088 | |
| Merrill Lynch | 176 | 1.50 | 7,727.00 | 9,877.00 | \$17,604 | |
| MetLife / New England Financial | 052 | 107.50 | 572,875.00 | 668,165.00 | \$1,241,040 | |

Part A - CONTRIBUTIONS

All Rates Pg 2

DUE by NOVEMBER 3

| 1. Institution Name: | UT Southwestern Medical Center at Dallas |
|----------------------|--|
| | |

2. Employer Contribution Rate Category for this set of pages 1 and 2:

ALL RATES

| Company Name | Co. Code | No. of ORP Participants | Employee Contribution | Employer Contribution | Total Remittance |
|--|-------------|----------------------------|---------------------------|---|---------------------|
| Nationwide | 058 | 1.00 | 6,825.00 | 8,723.00 | \$15,548 |
| Pioneer Investments | 140 | 2.00 | 11,764.00 | 14,809.00 | \$26,573 |
| RSGroup / Texas Retirement Trust / QUADS | 171 | 1.00 | 5,468.00 | 6,989.00 | \$12,457 |
| Security Benefit | 073 | | | | |
| TIAA-CREF | 081 | 375.91 | 2,715,147.00 | 3,203,354.00 | \$5,918,501 |
| Travelers | 083 | | | | |
| USAA Life / USAA Investment Mgmt | 087 | 1.83 | 11,042.00 | 14,136.00 | \$25,178 |
| Van Kampen Investments | 139 | | | | |
| Company Group B: AD | DITIONAL | companies recei | ving ORP contributions in | n previous fiscal year | |
| AIG American General / Franklin Life | 008 | | | | |
| AIG Sunamerica / Anchor National | 238 | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| AIM Investments / Invesco Aim | 221 | | | | |
| Allianz Life of North America / PIMCO | 026 | | | | |
| Allmerica Financial / SMA Life Assurance | 074 | 0.50 | 1,554.00 | 1,987.00 | \$3,541 |

Part A - CONTRIBUTIONS

All Rates Pg 2

DUE by NOVEMBER 3

| 1. Institution Name: | UT Southwestern Medical Center at Dallas |
|----------------------|--|
| i. institution Name. | |

2. Employer Contribution Rate Category for this set of pages 1 and 2:

ALL RATES

| Company Name | Co. Code | No. of ORP Participants | Employee Contribution | Employer Contribution | Total Remittance |
|--|-------------|----------------------------|--------------------------|--------------------------|---------------------|
| American Century / 20th Century | 179 | 0.50 | 1,219.00 | 1,558.00 | \$2,777 |
| American National Funds Group | 181 | | | | |
| American United / OneAmerica | 010 | | | | 1 |
| AmerUs / Amer Investors / Delta Life / Aviva | 159 | | | | |
| Annuity Investors Life | 243 | | | | |
| AXA Equitable | 024 | | | | |
| Capital Guardian | 118 | 5.50 | 35,655.00 | 45,574.00 | \$81,229 |
| Conseco / Jefferson Nat'l / inviva | 032 | | | · | |
| Cummer/Moyers / SMH Capital Advisors | 240 | | | | |
| Davis Funds | 246 | | | | |
| Delaware Investments (Lincoln Financial) | 184 | | | | |
| Diversified Investment Advisors | 223 | | | | |
| DWS Investments / Scudder | 125 | | | | |
| Educators Money (Great-West) | 248 | | | to a | |

Part A - CONTRIBUTIONS

All Rates Pg 2

DUE by NOVEMBER 3

| 1. Institution Name: | UT Southwestern Medical Center at Dallas |
|----------------------|--|
| | |

2. Employer Contribution Rate Category for this set of pages 1 and 2:

ALL RATES

| Company Name | Co. Code | No. of ORP Participants | Employee Contribution | Employer Contribution | Total Remittance |
|---|-------------|----------------------------|--------------------------|--------------------------|---------------------|
| Edward Jones | 257 | | | | |
| Evergreen Investments | 122 | 1.50 | 7,887.00 | 10,081.00 | \$17,968 |
| First Investors Fund | 147 | | | | |
| Fortis | 131 | | | | |
| Franklin Templeton | 197 | | | | , |
| FTJ Fund Choice | 255 | | | | |
| General American / GenAmerica Financial | 030 | | | | |
| Great American Life / GALIC | 095 | 1.00 | 6,381.00 | 8,156.00 | \$14,537 |
| Great Southern / Americo | 033 | | | | |
| Great-West | 035 | | | | |
| Guardian Insurance and Annuity | 137 | | | | |
| Hartford, The | 038 | | | · . | |
| Investors Life of North America | 097 | | | | |
| Jackson National | 117 | 1.00 | 3,031.00 | 3,874.00 | \$6,905 |

Part A - CONTRIBUTIONS

All Rates Pg 2

DUE by NOVEMBER 3

| 1. Institution Name: | UT Southwestern Medical Center at Dallas | |
|----------------------|--|--|
| | | |

2. Employer Contribution Rate Category for this set of pages 1 and 2:

ALL RATES

| Company Name | Co. Code | No. of ORP Participants | Employee Contribution | Employer Contribution | Total Remittance |
|---|-------------|----------------------------|--------------------------|---------------------------------------|---------------------|
| Legend Group, The | 250 | | | | |
| Life Ins. Co. of the Southwest | 146 | | | | |
| LPL Financial (was Linsco Private Ledger) | 247 | | | ,, . , | |
| ManuLife Financial / John Hancock | 154 | | | · · · · · · · · · · · · · · · · · · · | |
| Massachusetts Mutual / Connecticut Mutual | 051 | | - | | |
| MFS Investment Management | 239 | | | | |
| Mid-Atlantic Capital Corp. / Trust Co. | 258 | | | | |
| Midland Nat'l / Investors Life of Nebraska | 163 | | | | |
| MONY Mutual of New York (AXA subsidiary) | 056 | 1.50 | 6,698.00 | 8,562.00 | \$15,260 |
| National Western | 134 | | | | |
| Nationwide Financial | 245 | | | | |
| New York Life | 060 | : | | | |
| Northern Life / ReliaStar Life (ING subsidiary) | 121 | 0.50 | 2,579.00 | 3,296.00 | \$5,875 |
| Pacific Life | 064 | | | | |

Part A - CONTRIBUTIONS

All Rates Pg 2

DUE by NOVEMBER 3

| 1. Institution Name: | UT Southwestern Medical Center at Dallas |
|----------------------|--|
| | |

2. Employer Contribution Rate Category for this set of pages 1 and 2:

ALL RATES

| Company Name | Co. Code | No. of ORP Participants | Employee Contribution | Employer Contribution | Total Remittance |
|--|-------------|---------------------------------------|---------------------------------------|--------------------------|---------------------|
| PFS Investments (Primerica/Citigroup subsidiary) | 210 | | | | |
| Primerica (Citigroup subsidiary) | 153 | , , , , , , , , , , , , , , , , , , , | P4-141 | | |
| Prudential Annuities / American Skandia | 070 | | | | |
| Safeco Life | 072 | | | | |
| Smith Barney (Citigroup subsidiary) | 252 | | · · · · · · · · · · · · · · · · · · · | | |
| State Farm Life | 079 | | | | |
| Sterling Trust | 242 | | | | |
| Sun Life Assurance of Canada U.S. | 103 | | | | |
| Symetra Life | 261 | | · . | | |
| T. Rowe Price | 123 | | | | |
| TD AMERITRADE | 260 | | | | |
| Thrivent Financial for Lutherans | 158 | | · | | |
| Transamerica Financial (AEGON subsidiary) | 082 | | | | |
| Trust Co. of America | 190 | | | | |

Part A - CONTRIBUTIONS

All Rates Pg 2

DUE by NOVEMBER 3

| A 1 12 12 12 | UT Southwestern Medical Center at Dallas |
|-------------------|--|
| Institution Name: | |

2. Employer Contribution Rate Category for this set of pages 1 and 2:

ALL RATES

| Company Name | Co. Code | No. of ORP Participants | Employee Contribution | Employer Contribution | Total Remittance |
|--|-------------|----------------------------|--------------------------|--------------------------|---------------------|
| UBS | 226 | | | | |
| Union Central | 084 | | | | |
| United Investors Life | 213 | | | | |
| UNUM / Union Mutual Life / UnumProvident | 198 | | | | |
| Vanguard Group | 180 | | | | |
| Wachovia Securities / Prudential Financial | 119 | | | | |
| Waddell & Reed Financial Services | 135 | | | | |
| Western National | 093 | | | | |
| Western Reserve Life Assurance Ohio | 207 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL, All Rates | >< | 2,127.00 | \$16,462,221 | \$19,432,971 | \$35,895,192 |

This page provides a check of the data entered on all pages 1 and 2 of the report to ensure that amounts match (and have no rounding errors).

1. The TOTAL number of participants on "All Rates Pg1" should exactly match the TOTAL number of participants on "All Rates Pg2."

page 1 amount 2,127.00 AutoCheck:
page 2 amount 2,127.00 Matched -- Please proceed.
difference 0.00 (must be zero)

2. The TOTAL employer contributions on "All Rates Pg 1" should exactly match the TOTAL employer contributions on "All Rates Pg 2."

page 1 amount 19,432,971.00 AutoCheck:
page 2 amount 19,432,971.00 Matched — Please proceed.
difference 0.00 (must be zero)

Pg 3 EFT

Part A - CONTRIBUTIONS

DUE by NOVEMBER 3

Electronic Funds Transfer (EFT) Certification

| 1. | Institution Name: | UT Southwestern Medical Center at Dallas | | | | | | |
|--|---|--|--|--|--|--|--|--|
| 2. | Section 830.202 of the ORP statute (Texas Government Code, Chapter 830) requires the following: | | | | | | | |
| | a. An institution must send ORP contributions to ORP companies by electronic funds transfer (EFT) if the institution is currently able to send funds by EFT. | | | | | | | |
| | b. If an ORP com | If an ORP company is unable to receive funds by EFT, the institution must certify such to the Coordinating Board. | | | | | | |
| | c. At least once of receive funds | each fiscal year, institutions must give notice to each ORP participant indicating which ORP companies are unable to by EFT. | | | | | | |
| 3. | Were all ORP companies that received ORP contributions from this institution in FY08 able to receive ORP contributions by EFT from this institution in FY08? (Please enter "X" in the appropriate box.) | | | | | | | |
| | YES | | | | | | | |
| | X NO if "NO | O" please indicate below which companies were unable to receive ORP contributions by EFT in FY08. | | | | | | |
| | N/A If "N/A" please explain below in the COMMENTS section. | | | | | | | |
| | COMMENTS: | | | | | | | |
| | | | | | | | | |
| The following companies were unable to receive ORP contributions by EFT from this institution in FY08: | | | | | | | | |
| | 1. Allmerica Financial | | | | | | | |
| | 2. Capital Guardian | | | | | | | |
| | 3. Mutual of New York | | | | | | | |
| | 4. Pioneer Mutual Life | | | | | | | |

INSTRUCTIONS

1. Enter your institution's name in this box:

UT Southwestern Medical Center at Dallas

- 2. Fill in data requested in blue boxes and on blue lines. (Shaded areas will be auto-completed.)
 - a. A separate set of pages 1 and 2 must be completed for each employer contribution rate.
 - b. Use sets of pages 1 and 2 provided for 6.58%, 7.31% or 8.5% employer rates.
 - c. Use pages 1a/2a and 1b/2b for employer rates other than 6.58%, 7.31% or 8.5%. (Indicate rate in space provided.)
 - d. Pages 3, 4 and 5 apply to the entire submission (all rates).
 - e. See App. A and App. B for additional instructions and information.
- Consult included checklists for accuracy and balancing.

4. Submit completed form electronically to:

TexORP@thecb.state.tx.us

by November 3, 2008.

Mail signed hard copy of pages 4 and 5 to:

Toni Alexander, Statewide Coordinator

(Do not submit hard copies of pages 1 - 3.)

Optional Retirement Program

Texas Higher Education Coordinating Board

P.O. Box 12788 Austin TX 78711

OR: Fax to (512) 427-6510

OR: E-mail scanned image of signed pages 4 and 5 to address in #4 above.

- 6. ATTACHMENTS: Submit the following items <u>electronically</u> to the e-mail address in #4 above.

 (If not available electronically, submit hard copy, fax or scan as described in #5 above.)
 - a. List of your institution's ORP vendors that were authorized during FY08 (page 4, item #4)
 - b. List of your institution's ORP-eligible positions during FY08 (page 5, item #2)
 - c. Local ORP eligibility policies in effect during FY08 (page 5, item #3)
- Don't delay submitting Part A (pages 1 4) if Part B (page 5) is not ready. Part B can be submitted separately.
- 8. If you have any questions, please call Toni Alexander at (512) 427-6195 or send an e-mail to the address in #4 above.