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## Alternative Reporting And Disclosure Statement

### For Nonqualified Deferred Compensation Plans

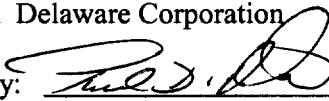
To: Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N 1513  
U.S. Department of Labor  
200 Constitution Ave. N.W.  
Washington, DC 20210

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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: CareEquip, Inc., an Affiliate of Genesis HealthCare System
2. The mailing address of the Employer is: 2951 Maple Avenue, Zanesville, OH 43701
3. The Employer Identification Number is: 31-1480941
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 14 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Pension and Welfare Benefit Program upon request.

CareEquip, Inc., an Affiliate of Genesis HealthCare System  
A Delaware Corporation

By:   
\_\_\_\_\_  
Authorized Person

Dated: 9-16-03



an affiliation between Bethesda Care System  
and Good Samaritan Medical Center  
Genesis - Bethesda  
2951 Maple Ave. • Zanesville, Ohio 43701  
Genesis - Good Samaritan  
800 Forest Ave. • Zanesville, Ohio 43701

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EMPLOYEE BENEFITS SECURITY ADMINISTRATION  
TOOM N 1513  
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200 CONSTITUTION AVE NW  
WASHINGTON DC 20210

