

Alternative Reporting And Disclosure Statement
For Nonqualified Deferred Compensation Plans

To: Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue NW
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: Horizon Health Care, Inc.
2. The mailing address of the Employer is: 208 S. Main
Howard, SD 57349
3. The Employer Identification Number is: 46-0341255
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 1 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Pension and Welfare Benefit Program upon request.

Horizon Health Care, Inc.
A South Dakota Corporation

By: _____

David W Schmidt
Authorized Person

Dated: _____

1/24/2005

CODE

U.S. POSTAGE



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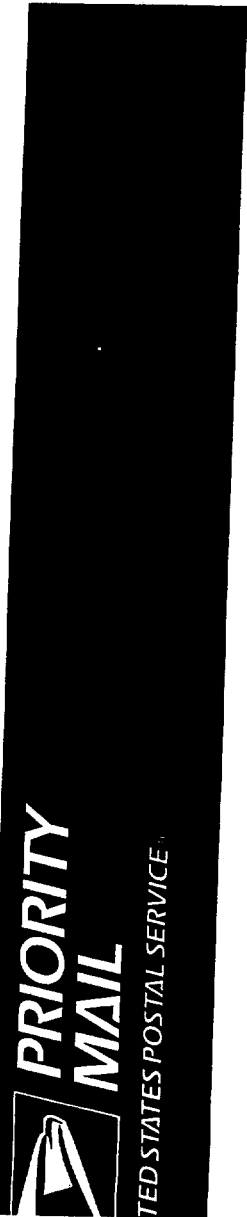
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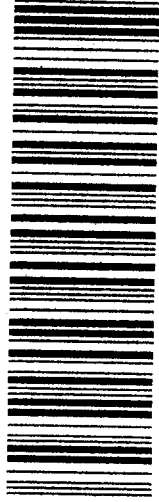
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1. COMPLETE ADDRESS LABEL AREA
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2. PAYMENT METHOD
Affix postage or meter strip to area indicated in upper right hand corner.



3. ATTACH LABEL (if provided)
Remove label backing and adhere over customer address block area (white area).

Mine Ins. Agency
PO Box 6000
Howard, SD 57349

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