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A N G E L L

The ANGELL Pension Group, Inc.
Actuaries, Consultants and Administrators for Employee Benefit Plans
10 Hemingway Drive
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July 9, 2007

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-1513
U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

07 JUL 19 PM 1:14

Re: *Hospice of the North Shore, Inc. 457(b) Plan*

Dear Sir/Madam:

Enclosed for filing is the Disclosure Statement for the Hospice of the North Shore, Inc. 457(b) Plan to meet the alternative method of compliance with the reporting and disclosure requirements of Part I of Title I of ERISA for top-hat plans pursuant to DOL Reg. Section 2520.104-23.

Very truly yours,

Peter L. Karlson, J.D., LL.M.
Vice President
General Counsel

PLK/tad
TOPHAT DOL LTR.DOCVA4814I

Enclosure

cc: Judith Lafferty, *Hospice of the North Shore, Inc.*
Ron York, *Pinnacle Financial Group*

REPORTING AND DISCLOSURE STATEMENT

TOP HAT PLAN (DOL REG. §2520.104-23)

Name and Address of Employer: *Hospice of the North Shore, Inc.*
78 Liberty Street
Danvers, MA 01923

EIN of Employer: *22-2873792*

The Employer maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Name of Plan: *Hospice of the North Shore, Inc. 457(b) Plan*

Date of Adoption of Plan: *April 23, 2007*

Number of Plans: *One (1)*

Number of Members of Plan: *Seven (7)*

HOSPICE OF THE NORTH SHORE, INC.

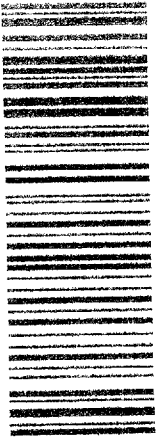
By: *Oliver J. Stricker*

Dated: *6/18/07*

The ANGELL Pension Group, Inc.
10 Hemingway Drive
East Providence, Rhode Island 02915



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