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9/22/09 11:31

**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

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: Community Care Physicians, PC
2. The mailing address of the Employer is: 711 Troy-Schenectady Road
Latham, NY 12110
3. The Employer Identification Number is: 14-1660131
4. The above named Employer maintains a Plan 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:
1 Plan covering 1 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

Community Care Physicians, PC
A New York Corporation

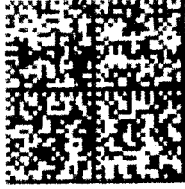
By: REMY
Authorized Person

Dated: 5/21/09
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**COMMUNITY
CARE**

PHYSICIANS, P.C.

Capital Region Health Park, Suite 201
711 Troy-Schenectady Road
Latham, New York 12110-2454



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