



2010 DEC 14 AM 10:52

**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: Seniorlink, Incorporated
2. The mailing address of the Employer is: 20 Park Plaza, Suite 920  
Boston, MA 02116
3. The Employer Identification Number is: 04-3520800
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 2 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

Seniorlink, Incorporated  
A Delaware Corporation

By:   
Authorized Person

VP of Finance  
& Chief Financial  
Officer

Dated: December 6<sup>th</sup>, 2010

WILCOX SAVAGE

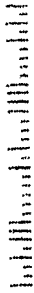
440 MONTICELLO AVENUE, SUITE 2200  
NORFOLK, VIRGINIA 23510



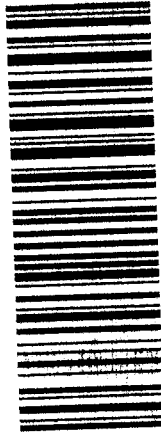
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VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

U.S. Department of Labor  
Employee Benefits Security Administration  
Top Hat Plan Exemption  
200 Constitution Avenue, N.W., N-1513  
Washington, D.C. 20210

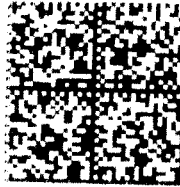


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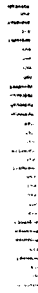


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