



MAIN 402.934.4744 • FAX 402.934.4908
13215 BIRCH DRIVE, SUITE 200 • OMAHA, NE 68164
www.nechiropractic.org

Alternative Reporting And Disclosure Statement For Nonqualified Deferred Compensation Plans

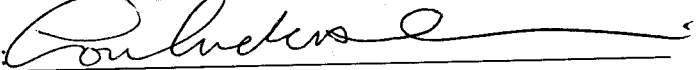
To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N 1513
U.S. Department of Labor
200 Constitution Ave. N.W.
Washington, DC 20210

EBSA/PUBLIC DISCLOSURE
2010 DEC 22 AM 11:43

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: SecureCare of Nebraska, Inc.
2. The mailing address of the Employer is: 13215 Birch Drive, Suite 200
Omaha, NE 68164
3. The Employer Identification Number is: 47-0774787
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 covering 1 Eligible Employee.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

SecureCare of Nebraska, Inc.
A Nebraska Corporation

By: 
Authorized Person

Dated: 12/15/2010



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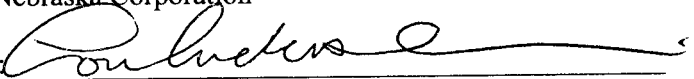
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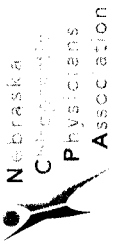
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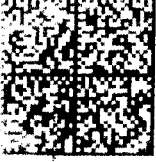
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OMAHA, NE 68164



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