

**ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT
FOR PENSION PLANS FOR CERTAIN SELECTED EMPLOYEES**

To the Secretary of Labor:

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 unfunded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 C.F.R. §2520.104-23, the following information is provided by the undersigned employer.

Name and Address of Employer: The Healthcare Management Group, LLC
12500 Reed Hartman Highway
Cincinnati, Ohio 45241-6071
Employer Identification Number: 31-1372417

The Healthcare Management Group, LLC maintains a plan (or plans) primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Number of Plans and Participants in Each Plan: One Plan covering 10 Employees.

Dated March 19, 2012.

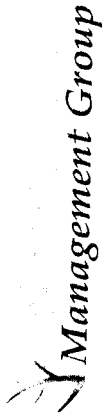
The Healthcare Management Group, LLC
By [Signature]
Title: President

2012 JUN 11 PM 2:17
EEOA/PUBLIC USE ONLY

This form should be mailed to:

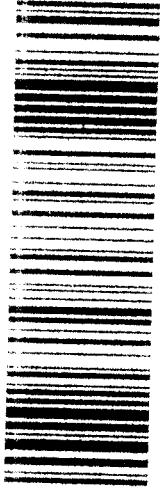
Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

(Send certified mail to evidence filing requirement satisfied)



12500 Reed Hartman Hwy., Suite 200
Cincinnati, Ohio 45241

CERTIFIED MAIL



91 7108 2133 3938 6172 5360



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Washington, DC 20210*