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250 Goddard Road, Suite A • Lewiston, Maine 04240

(207) 782-4797 • Fax (207) 777-3996

**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

2013 APR 16 PM 3:18

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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: Continuum Health Services, Inc.
2. The mailing address of the Employer is: 250 Goddard Road, Ste A  
Lewiston, ME 042040
3. The Employer Identification Number is: 01-0508992
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.

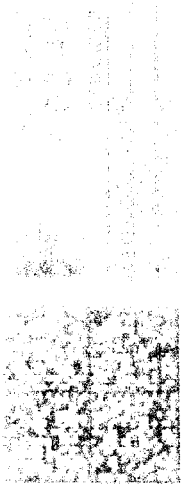
Continuum Health Services, Inc.  
A Maine Corporation

By: *Sheryl Bradley*  
Authorized Person

Dated: 4/8/13

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