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Morgan Lewis
 C O U N S E L O R S A T L A W

September 3, 2013

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Top Hat Plan Exemption
 Employee Benefits Security Administration
 Room N-1513
 U.S. Department of Labor
 200 Constitution Avenue, NW
 Washington, DC 20210

Re: Chief Executive Supplemental Retirement Plan II (the "Plan")

Dear Sir or Madam:

On behalf of the AtlantiCare Health System, Inc. (the "Employer") we are hereby submitting the following information with respect to the above referenced plan pursuant to Department of Labor Regulations 2520.104-23.

Name of Employer: AtlantiCare Health System, Inc.

Address of Employer: AtlantiCare Health System, Inc.
 2500 English Creek Avenue
 Building C
 Egg Harbor Township, NJ 08234

Employer Identification Number: 22-3265213

Declaration: The Plan is maintained primarily for the purpose of providing deferred compensation to a select group of management and highly compensated employees.

Number of Plans of Deferred Compensation: The Plan is maintained primarily for the purpose of providing deferred compensation to a select group of management and highly compensated employees. The Employer maintains this Plan and 4 other plans.

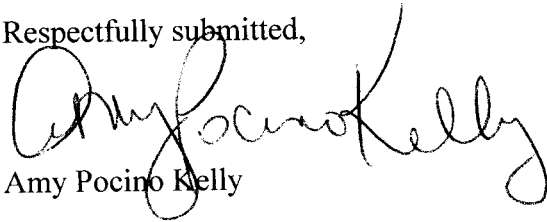
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Number of Participants in the Plan: The Plan has 1 participant.

The Employer will provide a copy of the Plan document to the Department of Labor upon request.

Respectfully submitted,

A handwritten signature in black ink that reads "Amy Pocino Kelly". The signature is written in a cursive style with a large initial "A".

Amy Pocino Kelly

c: Richard Lovering
Robert Abramowitz, Esq.
Amy Pocino Kelly, Esq.

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COUNSELLORS AT LAW

1701 Market Street
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