

HORIZON HOME CARE & HOSPICE, INC. ELIGIBLE 457(B) PLAN

TOP-HAT PLAN EXEMPTION STATEMENT

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

2013 OCT -9 PM 1: 5

Re: ERISA REPORTING AND DISCLOSURE STATEMENT

To the Secretary of Labor:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Title I, Part 1, as provided for an unfunded or insured pension plan for a select group of management or highly compensated employees in D.O.L. Reg. Sec. 2520.104-23, the following information is provided by the undersigned plan administrator:

The name of the Employer is: Horizon Home Care & Hospice, Inc.

The Employer's mailing address is: 11400 West Lake Park Drive
Milwaukee, Wisconsin 53224

The Employer's federal identification number (EIN) is: 39-1171298

The plans of employer and the number of participants covered in each plan is:

Plan Name: Horizon Home Care & Hospice, Inc. Eligible 457(b) Plan

Plan Effective Date: January 1, 2013

Plan Adoption Date: September 27, 2013

Number of Participants: 3
(specify plan, effective date and number of employees covered)

The above-named employer maintains this plan primarily for the purpose of providing nonqualified deferred compensation benefits to a select group of management or highly compensated employees. The employer will provide a copy of the agreement to the Secretary of Labor upon request.

Employer: Horizon Home Care & Hospice, Inc.

By: Vivian Meyer

Date: 9/27/13



8949 N. Deerbrook Trail Brown Deer WI 53223

HORIZONSM
Home Care & Hospice



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