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January 22, 2014

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

Re: Nonqualified Deferred Compensation Plan Registration Statement

Dear Sir/Madam:

This is to provide the information required by ERISA Regulation 2520.104-23 regarding nonqualified compensation arrangements for a select group of management level or highly compensated employees.

Employer's Name: LifeCare Alliance

Address: 1699 W. Mound Street
Columbus, OH 43223

Employer ID Number: 31-4379494

Plan Name: LifeCare Alliance 457(b) Plan

The employer maintains the above nonqualified deferred compensation plan primarily for the purpose of providing deferred compensation for a select group of management executives or highly compensated employees. There are currently 4 individuals eligible for this Plan. The employer maintains no other nonqualified deferred compensation plans.

For any further information, please contact me at 614-278-3130.

Sincerely,

Charles W. Gehring
President & CEO

CWG:alu



LIFECARE ALLIANCE 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

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: LifeCare Alliance

The Employer's mailing address is: 1699 W. Mount St.
Columbus, Ohio 43223

The Employer's federal identification number (EIN) is: 31-4379494

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

Plan Name: LifeCare Alliance 457(b) Plan

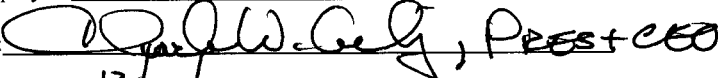
Plan Effective Date: January 1, 2013

Plan Adoption Date: 12/17/13

Number of Participants: 4
(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: LifeCare Alliance

By:  J. W. Gely, PRES + CEO

Date: 12/17/13

Top-Hat Exemption Statement

TOP-HAT PLAN EXEMPTION STATEMENT

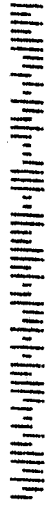
The attached statement must be filed within 120 days after the plan is adopted (D.O.L. Reg. Sec. 2520.104-23(b)(2)). If you fail to comply with this requirement, the plan must distribute and file a Summary Plan Description and must meet other applicable reporting and disclosure requirements. You will need to review the statement for accuracy, fill in the number of employees covered under the plan and the adoption date, sign and date the statement, and finally, mail the statement to:

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

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