



ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR
[A] NONQUALIFIED DEFERRED COMPENSATION PLAN[S]

To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-5644
US Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

In accordance with 29 CFR Section 2520.104-23 of the Department of Labor Regulations, which provides an alternative method for complying with the reporting and disclosure requirements of Part 1 of Title I of the Employee Retirement Income Security Act of 1974, you are hereby notified that the Employer identified below maintains the Plan[s] identified below for the purpose of providing deferred compensation for a select group of management or highly compensated employees, and that all benefits provided by [this Plan] [these Plans] are paid as needed solely from the general assets of that Employer.

Employer's Name: SENIOR Solutions
Employer's Address: 3420 Clemson Blvd., Unit 17
Anderson, SC 29621

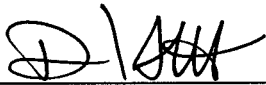
Employer Identification Number: 57-0634502

[SENIOR Solutions 457(b), _____ / _____ Participants.
which covers

[Name of Plan], which covers _____ Participants.

Total Number of Plans: 1

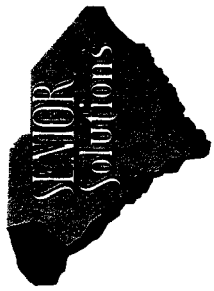
SENIOR Solutions – Douglas A. Wright
Administrator] Plan Administrator of the Plans

By: 

Date: July 9, _____, 2014.

3420 Clemson Blvd Unit 17
Anderson, SC 29621
864-225-3370

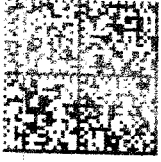
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Anderson, SC 29621

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