

ALIVE HOSPICE, INC. 457(B) PLAN EBSA/PUBLIC DISCLOSURE
TOP-HAT PLAN EXEMPTION STATEMENT 2017 JUN 20 PM 3: 22

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

2520171950043

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: Alive Hospice, Inc.

The Employer's mailing address is: 1718 Patterson Street
Nashville, Tennessee 37203

The Employer's federal identification number (EIN) is: 62-0983550

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

Plan Name: Alive Hospice, Inc. 457(b) Plan

Plan Effective Date: January 1, 2017

Plan Adoption Date: June 12, 2017

Number of Participants: 1
(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: Alive Hospice, Inc.

By: Joseph K. Hange - CFO

Date: 6/14/17

