



Quality service in Long-Term Care & Post-Acute Care



2008 Full-year Results

Dr Jean-Claude MARIAN M.D.
Chairman & CEO

Yves LE MASNE
Chief Operating Office



Contents



- 1. ORPEA: a resilient model**
- 2. Controlled and value-creating development**
- 3. 2008 full-year results**
- 4. Strategy and outlook**

**-1-
ORPEA:
A RESILIENT MODEL**



ORPEA 's offer: a global approach to dependency



Positioning

short, medium and long-term physical and psychiatric care:

- ✓ Long-term stays
- ✓ Short-term stays
- ✓ Day care
- ✓ Protected units¹
- ✓ Post-acute care (general care, geriatrics, cancerology)
- ✓ Rehabilitation centres (post-orthopaedic surgery, trauma, neurology)
- ✓ Cardio-rehab centres
- ✓ Psychiatric care

¹ "Protected Units": units specialised in caring for people with neurodegenerative illnesses such as Alzheimer's

Shared issues

1. Expertise

- ✓ **Business:** care services
- ✓ **Priority:** to guarantee the best possible Quality
- ✓ **A must:** HR policy and attractive training
- ✓ **Know-how:** construction and fitting out of shelter structures

2. Business model and regulation

- ✓ String **regulation** and systems by authorisation systems
- ✓ Less **sophisticated technical** platforms than short-term stays
- ✓ Strong focus on **accommodation** component
- ✓ Fewer specialised and transversal care **staff**
- ✓ Very **similar margins**



A leading player in global long-term and post-acute care

A high-potential sector, independent of the economic environment



► Promising long-term trends for the dependency sector:

- ✓ Increase in the number of people aged over 85: +66% between 2008 and 2015 (from 1.2m to 2m)
- ✓ Insufficient number of beds: shortfall estimated lack at 30 / 40,000 EHPAD¹ beds
- ✓ Shorter and shorter stays in surgery (development of post-acute care)
- ✓ A sharp rise in people affected by mental deficiency (i.e. Alzheimer's)

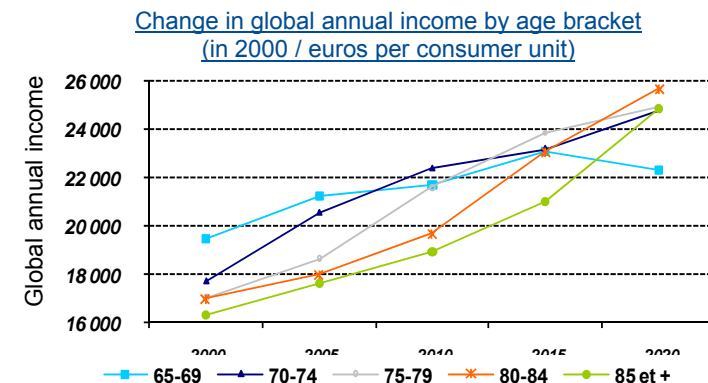
► Dependency care: a response to an immediate need

- ✓ EHPAD¹: very dependent people, very difficult or impossible to keep them at home
- ✓ Follow-up care: rest, re-education and care following major / urgent surgery
- ✓ Psychiatry: admission required following during crisis (depression, psychosis...)

► Solvent demand:

- ✓ Typical EHPAD residents: women aged over 85
- ✓ Potential increase in revenue of +45% between 2005 and 2020 for over 85s
- ✓ Little sensitivity to price changes associated with Quality

➡ **A high-visibility sector**



Source: research by Kervasdoué, Chair of Health Services Management and Economy at the CNAM

Recent regulatory changes



- ▶ **Creation of *Agences Régionales de Santé* (ARS) regional health centres currently taking place**
 - ✓ Shared regulation for the health, medico-social and family medicine sectors
 - ✓ Global consideration of the Care sector favouring the care continuum
 - ✓ Reduction in the number of go-betweens simplifying process

- ▶ **Changes in care rates in permanent dependency**
 - ✓ Basis: taking into account of the increase in the dependency level of EHPAD residents
 - ✓ Increase in Care costs reimbursed by national health insurance
 - ✓ Objective: increase the number of nurses and orderlies
 - ✓ Financial implication for ORPEA: none, activity with no margin (allowances entirely used to improve care)

- ▶ **Stimulus package : increase in the number of beds authorised and financed in EHPAD**
 - ✓ 5,000 extra beds, giving a total of 12,500 beds over 2009
 - ✓ Awareness of the lack of beds and the sector's potential for the economy and for employment

- ▶ **SSR decrees: specialisation of clinics**
 - ✓ Disappearance of post-op care and functional re-education segmentation
 - ✓ Recognition of 9 specialised types of care
 - ✓ Specialisation approach already implemented within the Group

Distinguishing factors of the ORPEA offer



The guarantee of a stable and high occupancy rate

Modern and welcoming accommodation structures



► Strategic locations

- ✓ In or near town centres
- ✓ In major urban areas (Paris, Lyon, Marseille) or areas with high potential (western arc of Paris, on the coast)

► New and modern buildings

- ✓ Just 10 years old on average
- ✓ Modern and adapted architecture (light)
- ✓ Pleasant surroundings: terraces, gardens, lounges, pools...
- ✓ Practical modern furniture

► A majority of single rooms

- ✓ 95% for EHPAD nursing homes
- ✓ 80% for clinics

► Diversity of services

- ✓ Beauty salons, hairdressers...
- ✓ Daily events
- ✓ Interaction with local communities

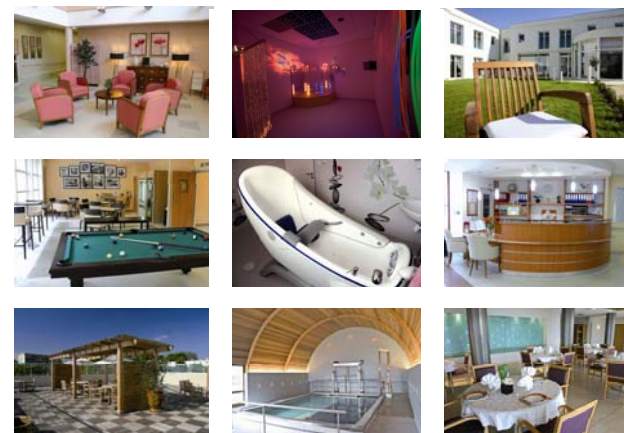


A high standard of services

Location of ORPEA facilities in the Paris and Paris suburb



Examples of interiors



Quality of care: the priority for our 15,000 staff



Quality policy

2008 satisfaction survey:

Satisfaction rate amongst residents and families: 91.6% (vs. 90.7% in 2007)

Percentage of those who would recommend ORPEA facilities: 93.6% (vs. 92.9% in 2007)

2009

Qualicert certification of EHPAD (19 facilities)

Training policy

2008:



Continuing Training Innovation Award

+10,000 more staff undertaking training

100% success rate for DOMEA

224 VAE granted

2009

“Savoir être bientraitant” DVD on how to treat residents

Development of the CADRELAN programme (with Essec and Paris V University)

Recruitment policy

2008:

Numerous direct job creations

+
1,500 jobs safeguarded in construction and public works

2009

750 direct job creations

+
1,500 jobs safeguarded in construction and public works



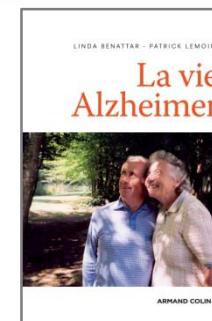
Quality and Human Resources: keys to success

A scientific thought process and a spirit of innovation



► Initiatives regarding Alzheimer's

- ✓ Development of Snoezelen areas, specific architectural design
- ✓ Publication of a book by two of the Group's doctors: *La Vie Alzheimer* (Life Under Alzheimer's) by Doctors Patrick Lemoine, the Psychiatric division's Coordinating Doctor, and Linda Benattar, the Group's Medical Director



► Numerous studies by the Psychiatric division

- ✓ Publication of the *Revue du Collège des Psychologues* (psychologists' review, 3rd edition in 2009)
- ✓ Numerous television appearances by Dr Patrick Lemoine on topics such as complementary medicine, excessive use of medicines, somatisation, etc.



► Regular publications to exchange Best Practices

- ✓ Quarterly Orpea Clinea letter for residents, supervisory bodies, prescribing physicians
- ✓ Medical Letter for the Group's medical staff
- ✓ Internal newspapers for staff



Be at the forefront of innovation to improve care for patients and residents

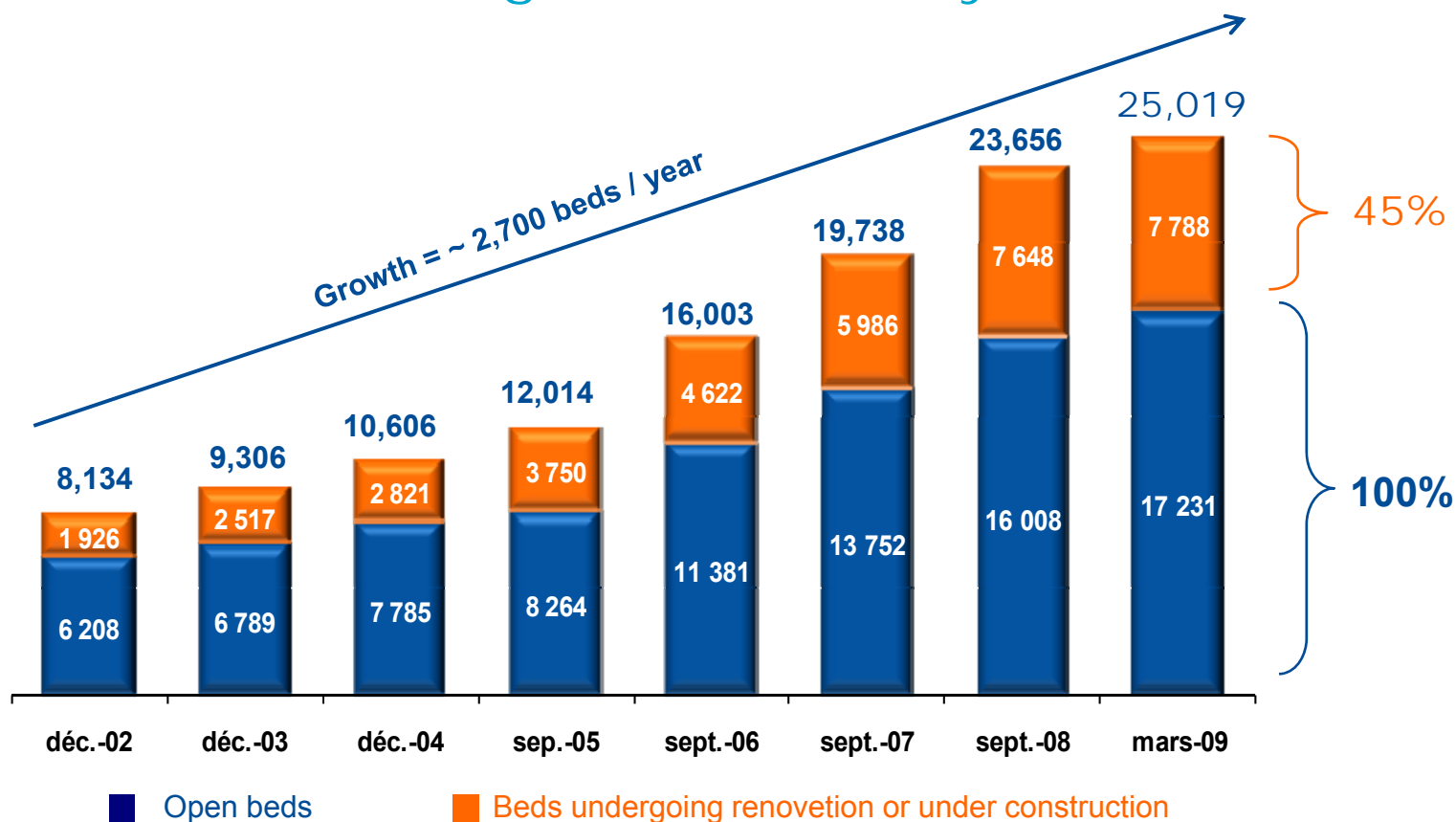
**-2-
CONTROLLED
AND
VALUE-CREATING
DEVELOPMENT**



Strong pace of development



A doubling network in 3 years



Growth reservoir: 7,788 beds undergoing renovation or construction
Total of 25,019 beds representing € 1 billion revenue in 2011

Development through creation: substantial value creation



- ▶ **Advantages relative to the granting of authorisations:**
 - ✓ Internal Authorisations / Conventions / Tariffs department: a team of 10 people
 - ✓ Recognition of ORPEA's know-how
 - ✓ Permanent search for landowners

- ▶ **Creation of a facility: maximisation of value creation and profitability**
 - ✓ Internal Work / Engineering department (no promotion margin)
+ contractor + project manager with research department (Vivrea)
 - ✓ Possibility of constructing a building perfectly adapted to ORPEA's requirements
 - ✓ Timeframe: approximately 2 years

- ▶ **Setting up of an HQE (High Quality Environmental) approach for new projects**
 - ✓ Definition and action on 14 HQE targets (ex: eco-friendly management and construction, acoustic comfort, hypothermic, visual, air and water quality, etc.)
 - ✓ Search for innovative equipment in terms of saving energy

- ▶ **Land has become more accessible** and has no migration costs (possibility of reserving land without pay prior to being granted authorisation)

 **A priority development route**

Development through acquisitions: strict investment criteria



- ▶ **A sector with many opportunities in France**
 - ✓ Predominance of the public sector: 55% of the 530,000 beds (20% for the private commercial sector)
 - ✓ Private commercial sector still very fragmented, with some 800 independent facilities
- ▶ **An acquisition policy based on taking over independent facilities**
- ▶ **ORPEA: substantial selectivity based on 20 years of experience**
 - ✓ Substantial number of projects being researched
 - ✓ Multi-criteria analysis to identify the mid and long-term growth potential mainly based on location and size of the facility
- ▶ **Real know-how in restructuring obsolete facilities**
 - ✓ Modernisation work
 - ✓ Development of the appeal of facilities: single rooms, etc.
 - ✓ Implementation of standards of Quality, administrative procedures and medical / paramedical protocols



A rigorous and targeted acquisition policy focussing on creating value

International development strategy



- ▶ International activity that started 4 years ago in Italy
- ▶ **Target countries: Italy, Spain and Belgium**
 - ✓ Aging of the population and substantial long-term care needs
 - ✓ Similar regulatory frameworks: substantial barriers to entry
- ▶ **Cautious development** and replication of French methodologies:
 - ✓ A centralised head office for each country and implementation of ORPEA's Quality standards
 - ✓ Initial growth via targeted acquisitions
 - ✓ Then, priority given to creation of new facilities via authorisations with ORPEA projects (single private rooms, ...)
- ▶ Today, **acknowledgement of ORPEA's know-how** in these three countries permitting the grant of authorisations
- ▶ A network consisting of **50% beds undergoing renovation and under construction**
 - ✓ Substantial room for progression and for improving financial indicators
- ▶ **Strategic priority: optimisation of profitability**
 - ✓ New facilities built by ORPEA that will open over the coming two years
 - ✓ Acceleration in ongoing restructuring



Successful geographical diversification

A European network of 25,019 beds over 266 facilities

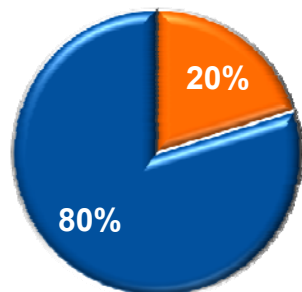


Breakdown of the 25,019 beds:

20,540 operational beds (3,309 of them undergoing renovation)

+ 4,479 under construction

Geographical beds breakdown:



International

France



Spain: gradual increase in activity



- ▶ **Network as at 01.03.09: 16 facilities, 1,776 operational beds**
- ▶ **Present since 2006 and development via the acquisition of Grupo Care**
 - ✓ Location in or near large towns (Madrid, Seville, ...)
- ▶ **2008: structuring of the head office, application of ORPEA's procedures**
 - ✓ Maintaining of a high occupancy rate and increase in daily rates
 - ✓ Acknowledgement of the Group's know-how: voted Spain's n° 1 retirement home group, by "*Negocios y Gestion Residencial*", for the quality of the services and care provided
- ▶ **Strategy:**
 - ✓ Continue to increase daily rates due to renovations
 - ✓ Increase profitability
 - ✓ Seize opportunities to create facilities in large towns



Priority given to profitability

Italy: pertinence of the model confirmed



- ▶ **Network as at 01.03.09: 11 facilities, 1,120 beds**
 - ✓ 702 operational beds (66 of them undergoing renovation)
 - ✓ 418 beds under construction
- ▶ **Present since 2004** and development via targeted acquisitions and authorisations
 - ✓ Location exclusively in the North of the country
- ▶ **Rapid upramping** and success of the 2 facilities built by ORPEA consisting mainly of single private rooms
- ▶ **Strategy:**
 - ✓ Bringing into service of the 418 beds currently under construction in order to increase the size of the network at maturity
 - ✓ Development via authorisations



Priority given to the upramping of the network

Belgium: 50% of the network under development



- ▶ **Network as at 01.03.09: 19 facilities, 2,090 beds**
 - ✓ 1,513 operational beds (442 of them undergoing renovation)
 - ✓ 577 beds under construction
- ▶ **Present since 2006** and development via targeted acquisitions and authorisations
- ▶ **2008** : structuring of a head office, implementation of ORPEA's standards and work on 50% of the network
- ▶ **Strategy:**
 - ✓ Restructuring of acquired facilities and construction of newly-authorised facilities
 - ✓ 2009: opening of a 159-bed facility in Brussels
 - ✓ Pursuance of development via targeted acquisitions and authorisations



Priority given to developing the network

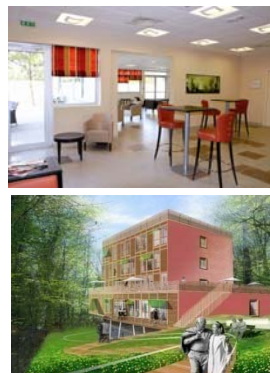
France: upramping of the network at maturity



- ▶ **Network as at 01.03.09: 219 facilities, 19,258 beds (1/3 of them under development)**
 - ✓ 16,474 operational beds (2,774 of them undergoing renovation)
 - ✓ 3,484 beds under construction

- ▶ **Recent developments (Oct 08 to Mars 09): + 1,363 beds (15 facilities)**
 - ✓ 40% of authorisations (538 beds) / 60% of acquisitions

- ▶ **2008 openings: 11 facilities**
 - ✓ Clinics: Boulogne (92), Saint-Rémy-lès-Chevreuse (78), Montmorency (95)
 - ✓ Long-term care facilities: Montereau-Fault-Yonne (77), Paris (75), Valenton (94), Nancy (54), Granville (50), Saint-Quentin (02), Bourges (18)

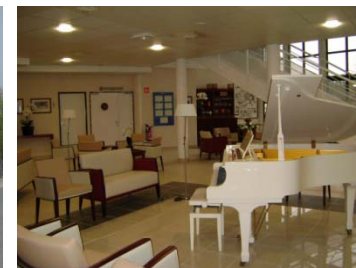


France: 2009 openings



► 2009 planned openings: 10 facilities

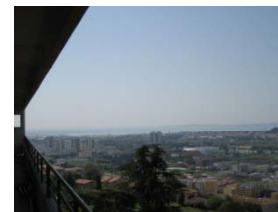
- ✓ Long-Term Care facilities: Châteauneuf de Grasse (06), Caen (14), Bordeaux (33)
- ✓ Clinics: Rueil-Malmaison (92), Grasse (06)



France: constructions and ongoing projects



- ▶ **Several projects** for construction, renovation or extension of facilities
 - ✓ Long-Term Care facilities: Toulouse Crampel (31), Soubise (17), Nice La Corniche (06),
 - ✓ Clinics: Paris Mechain (75), ...



Sustainable development approach: the Soubise (17) project



- ▶ **Construction of a 78-bed EHPAD facility near Rochefort within a sustainable development approach**
- ▶ **Low energy-consumption building using renewable energy**
 - ✓ Wood heating
 - ✓ Solar thermal energy for the production of domestic hot water
 - ✓ Solar photovoltaic energy for the production of electricity
- ▶ **A building that is part of a sustainable construction approach:**
 - ✓ Use of ecologically-friendly materials: wood for the structure as a whole, cellulose wool, hemp for pour insulation
 - ✓ Saving water: recovery of river water for watering green areas
 - ✓ Revegetation of roofs
 - ✓ Respecting of, and incorporation within, the existing environment
- ▶ **A building that perfectly meets the objectives of the Grenelle de l'Environnement conference**
 - ✓ Energy savings: estimated at 44.10% in primary energy compared to the RT 2005 benchmark consumption
 - ✓ High Quality Environmental: responses to the 14 HQE benchmark targets



Generalisation of the HQE approach to all new constructions

Sustainable development approach: the Soubise (17) project



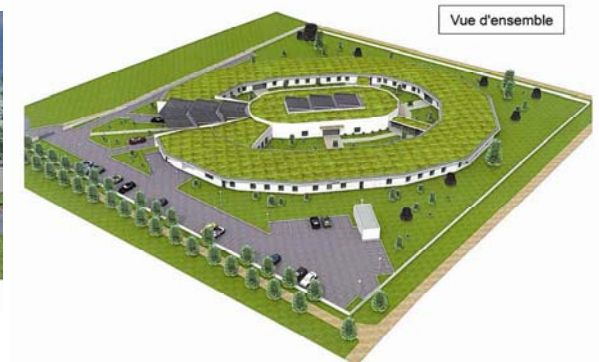
► Use of ecologically-friendly materials



► Respecting of the environment



Vue sur entrée principale



-3-
**2008 FULL-YEAR
RESULTS**





TARGETS

**Sales: €665m (+22%)
Revised to €680m (+25%)**

Strong organic growth

**Strong
Recurring Operating Marging**

ACHIEVEMENTS

**€702.3m
+ 29.0%**

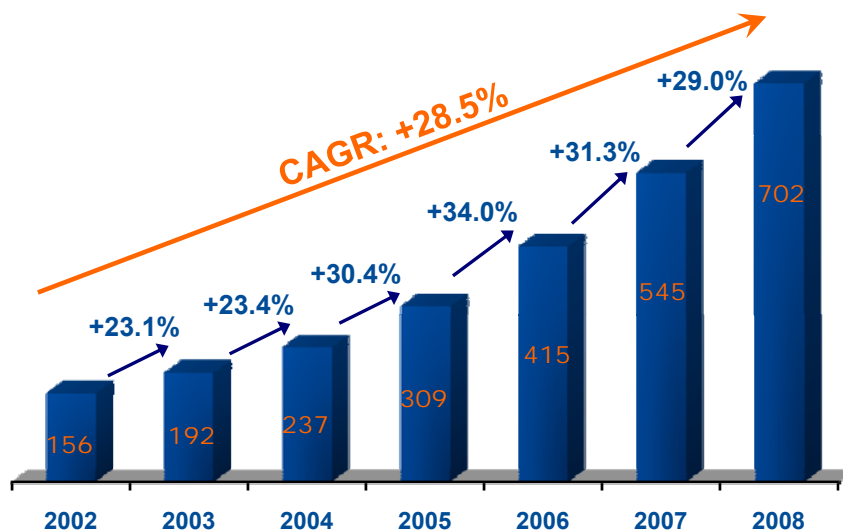
**+ 13.4%
> to 2007**

**13.5%
> to 2007**

Strong growth of sales



- ▶ 2008 sales: **+29.0%**
- ▶ 2008 organic growth > 2007: **+13.4%**



In €m	2008	2007	▲ %
France	613.1 87.3%	493.6 90.6%	+24.2%
International	89.2 12.7%	51.1 9.4%	+74.6%
Belgium	38.6	12.0	
Spain	27.2	23.6	
Italy	15.4	9.6	
Switzerland	8.1	5.9	
Total	702.3	544.8	+29.0%

➡ **2008 record sales at €702.3m > €37m than initial guidance**
Strong increase of international sales in 2008: +75%

Full-year results – Key figures



In €m	2008	2007	▲ %
Sales	702.3	544.8	+28.9%
EBITDAR (EBITDA before rents) ¹	168.8	132.9	+27.0%
Recurring EBITDA ¹	124.3	95.8	+29.7%
Recurring EBIT (Recur. Operating Profit)	95.0	72.7	+30.7%
EBIT (Operating Profit)	107.4	82,0	+31.0%
Financial result	(41.8)	(24.8) ²	(+68.8%)
Net profit	48.4	41.2	+17.5%

¹ Includes provisions associated with External Charges and Personnel Costs

² Included a €5m profit on financial instruments



Strong growth in all performance criteria
Increase of the Recurring Operating Margin

Operating profit



In €m	2008	2007	▲ %
Sales	702.3	544.6	+29.0%
Staff costs	(351.6) ¹	(272.7) ¹	+28.9%
Expenses	(141.8)	(106.9)	+32.7%
Taxes and duties	(36.4)	(28.7)	+26.7%
Other costs and products	(3.7) ²	(3.3) ²	N.S.
EBITDAR (EBITDA before rents)	168.8	132.9	+27.0%
Rents	(44.5)	(37.1)	+19.9%
Recurring EBITDA	124.3	95.8	+29.7%
Amortizations & depreciations	(29.3)	(23.1)	+27.0%
Reccuring EBIT (Recur. Operating Profit)	95.0	72.7	+30.6%
	13.5%	13.3%	
Non recurring items	12.4	9.3	N.S.
EBIT (Operating profit)	107.4	82.0	+31.0%

(1) including related net provisions

(2) including net provisions on client debts

Strong increase of international margins



In €m	2008			2007		
	Sales	Recur. EBITDA	% of sales	Sales	Recur. EBITDA	% of sales
France	613.1	117.5	19.2%	493.6	95,3	19.3%
Spain	27.2	(0.1)		23.6	(0.5)	
"Grupo CARE" only		+0.4			(0.5)	
Italy	15.4	0.5		9.6	(0.7)	
Belgium	38.6	5.3		12.0	1.6	
Switzerland	8.1	1.1		5.9	0.1	
International	89.2	6.8	7.6%	51.1	0.5	1.0%

Recurring EBITDA: Recurring operating profit before amortization and depreciation

- ▶ **France:** 37 facilities being opened or renovated (after acquisition)
- ▶ **Spain:** positive "Care" EBITDA. Pursuance of the quality and margin-improvement policy
- ▶ **Italy:** 1 mature facility, 3 opening, 1 under renovation
- ▶ **Belgium:** 1st return on investment since the start in 2006 within the context of buoyant development
- ▶ **Switzerland:** end of construction work and a medical team renewed since last quarter

Ambitious investments for a secured growth



In €m	2008	2007	▲ %
Recurring EBITDA	124.3	97.2	+28%
Net cash flow from operating activities	93.1	74.0	+26%
Net investment cash flow	(405.4)	(369.0)	+10%
Net financing cash flow	311.0	338.0	-8%
Change in cash position	(1.3)	43.0	n.s.

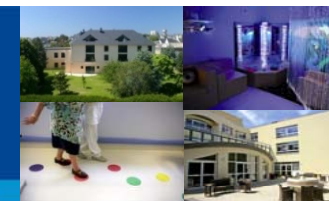


Investments dedicated to a strong sustainable growth of EBITDA

Ebitda 2008 / 2007: +30%

Change on 4 years (2008 / 2004): +200%

Consolidated balance sheet



	In €m	31-Dec-08	31-Dec-07
ASSETS	Fixed assets	2 343	2 159
	Goodwill	182	168
	Intangible assets	604 ⁽¹⁾	552
	Tangible assets & inventories	1 479	1 397
	Others non current assets	33	42
	Current assets	223	146
	<i>Of which available & marketable securities</i>	53	13
	Assets held with a view to being sold	44 ⁽²⁾	0
	TOTAL ASSETS	2 566	2 305
LIABILITIES	Shareholders' equity and infinite deferred tax	697	683
	Shareholders' equity	540	538
	Deferred tax (Quasi shareholders equity)	157	144
	Fixed liabilities	1 380	1 133
	Other deferred tax liabilities	216	212
	Provisions for risks and charges	33	25
	Long-term financial debt	1 131	895
	Current liabilities	489	489
	<i>Of which short-term debt (bridge loans)</i>	153	240
	Debt linked to assets held with a view to being sold	42 ⁽²⁾	
	TOTAL LIABILITIES	2 566	2 305

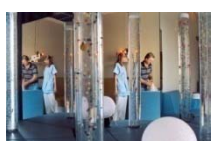
(1) including the valuation of international authorisations at 80% of annual revenue: €38m that would otherwise be included in goodwill

(2) buildings for which the divestment to investors is currently taking place have been written down as assets held with a view to being sold

► Net financial debt as at 31.12.08: **€1,230m** (81% of which in financing property)

Restated financial leverage¹: $\frac{\text{Net financial debt} - \text{Property debt}}{\text{Ebitda} - (6\% \text{ Property debt})} = 3.68$ / Max. authorized by the Bank: **5.5**

Restated Gearing: $\frac{\text{Net financial debt}}{\text{Shareholders equity} + \text{quasi equity}} = 1.75$ / Max. authorized by the Bank: **2.2**



Assets

- ▶ **Network of 25,019 beds**
 - ✓ 17,231 in operation
 - ✓ 3,309 in operation to be renovated
 - ✓ 4,479 under construction

- ▶ **Carrying value: €604m**

Liabilities

- ▶ **Financed by medium-term 5 to 7-year loans**
- ▶ **Hedged by derivatives: swaps**
- ▶ **Net operating debt: €232m**
75% of which swapped at fixed rate for next 3 to 4 years (3-months Euribor capped at 3.9%)

2009 sales target: €820m

2011 sales > €1,000m



Network of high-potential beds, partially valued as assets (authorisations obtained by the Group not incorporated in the Balance sheet)



Assets

- ▶ **Operating property: 500,000 m²**
out of close to a million m² of land
Secure and saleable assets, not especially
vulnerable to fluctuations in the property
market
- ▶ **Building land**
+ buildings under construction (€350m)
1,200 beds due to open in 2008
+ 6,700 beds under construction or renovation
- ▶ **Asset value: €1,524m**

Liabilities

- ▶ **Financed by leases and long-term
loans (12 years)**
- ▶ **Property development credit lines**
Exit via finance leases, sale to property
investment companies or “LMP, LMNP, SCELLIER”,
sale to institutional investors or contribution to the
OPCI
- ▶ **Net property debt: €998m**
75% of which swapped into fixed-rate for the next 3 to
4 years (based on a fixed 3m-Euribor rate of 3.9%)

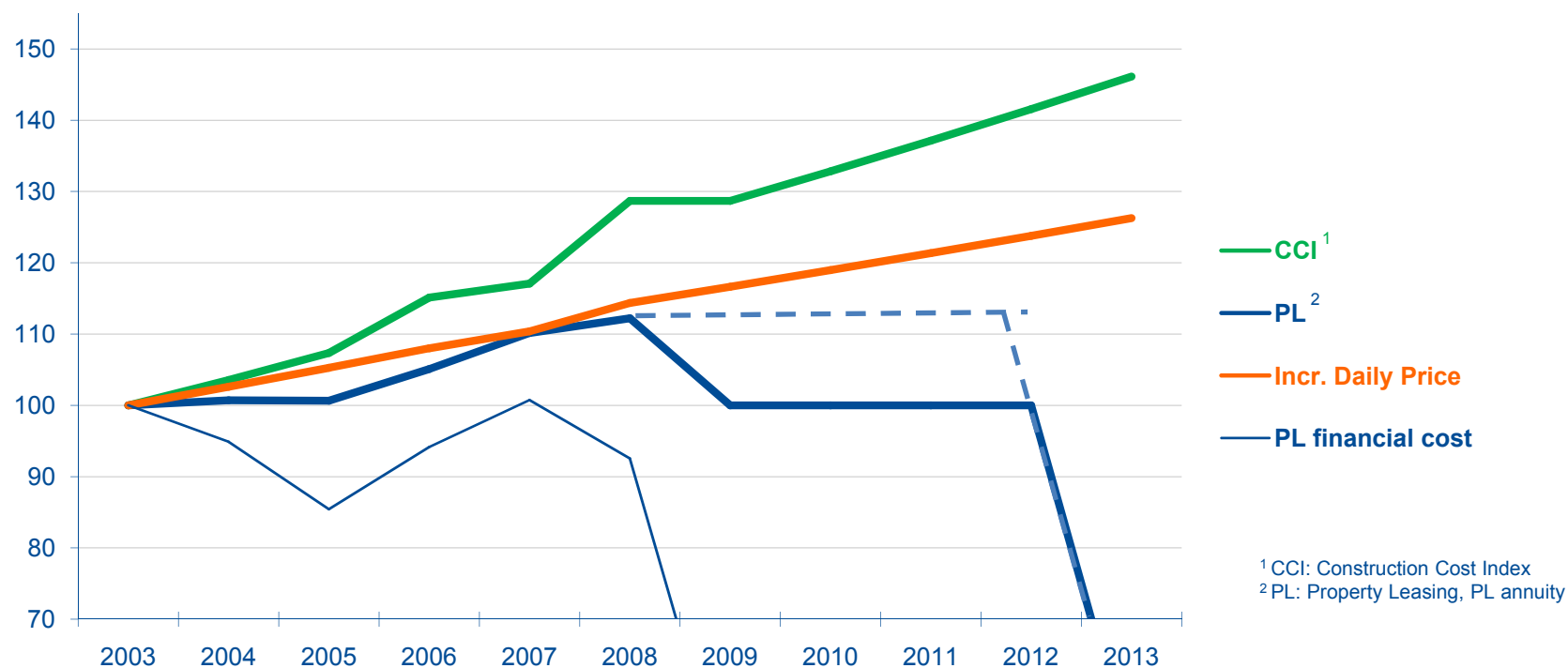
➡ **These real estate assets, operational and under
development, will allow the Group to maintain solid profitability
and increase its network of operational beds by 50% over the
coming 3 years**

Comparison of property-related expenses



► Hypotheses used for rate forecasts:

- ✓ 12 –year property lease (PL) (2001- 2012) with zero residual value
- ✓ 3-months Euribor extended as 2009

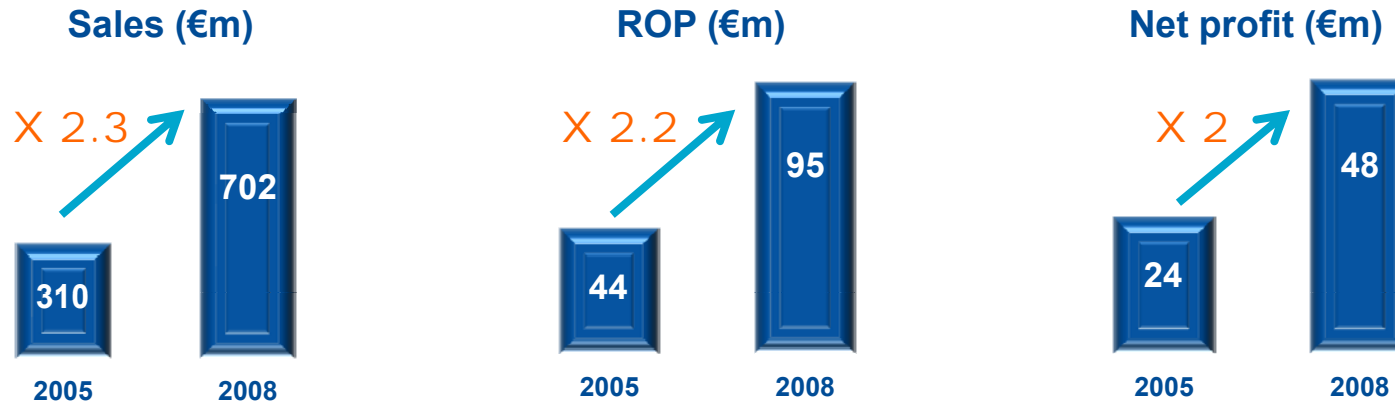


The impact of higher interest rates on property-related expenses is less than the impact of rent indexation

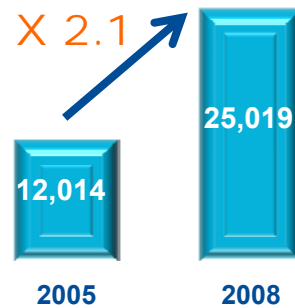
-4- STRATEGY AND OUTLOOK



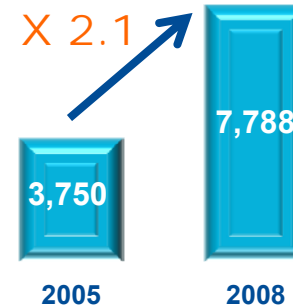
A strong profitable growth in 3 years: doubling of the indicators



Total number of beds



Growth reservoir (beds undergoing renovation and construction)



Accommodating growth, profitability and development in order to secure future growth

Pursuance of a profitable growth strategy



	Buoyant organic growth	<ul style="list-style-type: none"> Integration of 7,788 beds undergoing renovation and construction
	Increase in results and cash-flow	<ul style="list-style-type: none"> Upramping of mature facilities
	International: priority given to profitability	<ul style="list-style-type: none"> Upramping of new facilities
	Value creating development	<ul style="list-style-type: none"> Priority given to authorisations Selective acquisitions 3,000 beds per year
	Real estate: mix policy between ownership and rental	<ul style="list-style-type: none"> Ownership of 50% of facilities Divestment by letting of furnsih property, direct sales, OPCl



2009 sales target: €820m

2011 sales target: > €1,000m

APPENDICES

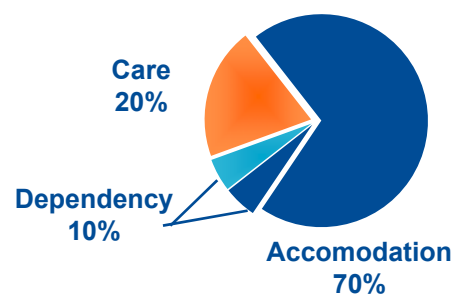


France: per diem prices



► Breakdown of per diem price (effective after the price reform _ “convention tripartite”):

Long-term care: EHPAD*

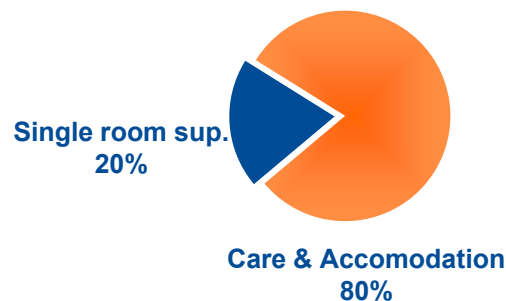


Met directly:

- in EHPAD*, by the residents**,
- in private hospitals, by patients and/or mutual insurance company

Personal dependency allowance paid directly to the facility by the General Local Council, represents on average 5% of the daily dependency price (based on iso-resources scale groups)

Post-acute care: clinic



Paid directly:

- in private hospitals by National Health Insurance
- in EHPAD by the CNSA (National Autonomy Support Fund)

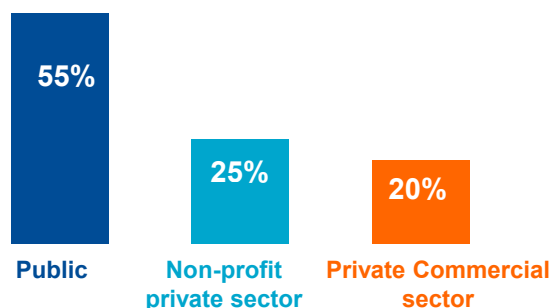
*EHPAD : “Établissement pour Personnes Âgées Dépendantes” = Facilities for elderly dependent people

** Or by “Social Help” for low income people in authorised facilities

A still fragmented sector in France



- **Low representativity** of the private commercial sector:
On a total of 530,000 beds



2001-2005 changes:

- ✓ Public sector: -1.5%
- ✓ Non-profit private sector: +3.5%
- ✓ Private Commercial sector: +7.0%

As a reminder:

- ✓ UK: 70% for Private Commercial Sector
- ✓ Spain: 50% for Private Commercial Sector

- **A Private Commercial sector still fragmented**

- ✓ 5 major groups (> 4,000 beds)

Group	Number of beds in France	Number of beds abroad	Total
ORPEA	10,678	3,991	14,669
KORIAN	10,169	5,790	15,959
DOLCEA	8,612	0	8,612
MEDICA	7,780	1,434	9,214
DOMUS VI	6,296	1,989	8,285

Source: "Mensuel des Retraites,"
(Monthly Professional Newspaper)
January 2009*

- ✓ 15 mid-sized groups (between 500 and 4,000 beds)
- ✓ 900 individual owners (including 700 managing between 5 and 40 beds)

Belgium: organisation of the sector



► Sector organised around 3 types of facility

- ✓ Serviced residences ("Seniores"): able-bodied residents
- ✓ Rest homes (RH): able-bodied and semi-able-bodied residents
- ✓ Rest and care homes (RCH): dependent residents

► A fragmented sector, dominated by the public sector

- ✓ Sector size: around 1,800 facilities representing 122,000 beds
- ✓ Dominated by the public sector and non-profit organisations, which make up 70% of the sector versus 30% for commercial private-sector operators
- ✓ A fragmented private sector: 3 Belgian private groups (managing more than 10 facilities) and around 15 mid-sized groups (between 3 and 10 facilities) including several French groups

► The sector works on a regional basis, and involves authorisation systems

- ✓ An organisation based around 3 regions

► Breakdown of per diem price:



■ Directly paid by the resident

■ Paid by INAMI ("Institut National d'Assurance Maladie-Invalidité" – national sickness and invalidity insurance institute)

Italy: organisation of the sector



► Substantila needs associated with:

- ✓ A rapidly aging population: +452,000 people aged over 85 between 2006 and 2011 (+36.4%) ¹
- ✓ A sharp increase in estimated demand for retirement homes: +16% over 2006-2011, reaching 490,000 people ¹
- ✓ A sociological change: reduction in help from families

► An insufficient offer given these increasing needs

- ✓ 340,000 beds in 2003, of which only 88,000 were RSA ² (Equivalent Nursing Homes), the reminder being mostly assisted living facilities
- ✓ Estimated requirement for 2011: 490,000 beds ¹ (+150,000 beds)
- ✓ Major regional differences in terms of structure, operating model, financial means, etc.
- ✓ An increasing demand for private single bedrooms

► A fairly similar authorisation system to France, albeit with a major difference: total regional decentralisation

- ✓ Organisation and financing at regional level
- ✓ Authorisation system (conventions) organised by regions and operated by ASL (Aziende Sanitarie Locali – local healthcare agency)

► A still highly fragmented sector

- ✓ In RSA : the Public Sector represents 45% of beds, the Non-Profit Sector 35% and the Private Commercial Sector 20% ²
- ✓ The Non-Profit sector consists of operators who manage just 1 or 2 facilities
- ✓ The Private Sector: a very small number of structured private groups incorporating over 10 facilities (the majority are independent operators with just 1 or 2 facilities)
- ✓ Substantial prospects for consolidation within the sector

¹ Source: Istat 2006

² Source: "L'assistenza residenziale in Italia: regioni a confronto" Istat study (2000 - 2003)

Spain: organisation of the sector



► Strong needs and an insufficient offer

- ✓ Rapid ageing of the population: increase of people over 80' of +52%¹ between 2006 and 2020
- ✓ Social and cultural changes: families are less available for home care, putting the elderly into retirement homes has become commonplace
- ✓ A very insufficient offer with a low number of quality facilities: 181 beds¹ for every 1,000 people over 80 years old in 2006

► A fragmented sector

- ✓ Predominance of the private sector (80%)¹: 50% for the private commercial sector and 30% for the non-profit private sector
- ✓ A plethora of small structures: the 10 largest groups account for just 9.1%¹ of beds
- ✓ Small facilities, with an average of 45 beds¹

► A similar regulation system to France

- ✓ Retirement homes protected and overseen by supervisory bodies (notably regional authorities)
- ✓ Similar structures to those in place for the elderly in France
- ✓ The State has set up a National Assistance System for Dependent Persons that will come into force in 2007 with a budget of 1% of GDP spread throughout the regions from the State

► Per diem price

- ✓ Private Commercial Sector: 100% met by the resident
- ✓ Within the Private Commercial Sector, majority of “regulated” beds (entirely financed by the Region, with a set price): 100% covered by the Region

ORPEA and the stock exchange



► Stock data (12 last months):

- ✓ Average daily volume: 90,521 shares
- ✓ Price: €30.16
- ✓ High (52 weeks): €40.13
- ✓ Low (52 weeks): €21.06
- ✓ Turnover: 63% in 12 months
- ✓ Mkt Cap: €1,113m
- ✓ Nb of shares: 36,902,772

Data as at 3rd April 2009



► Indices:

- ✓ Compartment B of Euronext Paris by NYSE Euronext
- ✓ Member of SBF 120 Index
- ✓ Member of SRD

ORP
LISTED
NYSE
EURONEXT

► Financial calendar*:

- ✓ Q1 2009 sales: 06.05.09 (before market opening)

► Contacts:

- ✓ Yves Le Masne – COO - Tel.: +33 (0)1 47 75 78 07
- ✓ NewCap – Financier Communication & Investors Relations – Tel.: +33 (0)1 44 71 94 94 - orpea@newcap.fr