

Information submitted via Top Hat Plan Statement Online Filing System to U. S.  
Department of Labor under 29 CFR 2520.104-23

Date Completed: 12/9/2022 7:47 AM EST

Confirmation Number: 10784

Amended Confirmation Number:

Employer Information

Name: Emergent Health Partners  
Address: 1200 State Circle  
City: Ann Arbor  
State: MI  
Zip Code: 48108

Plan Administrator Information

Name: Genna Barget  
Address: 1200 State Circle, Emergent Health Partners  
City: Ann Arbor  
State: MI  
Zip Code: 48108  
Phone: 7344776282  
Email: gbarget@emergenthealth.org

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	Emergent Health Partners 457(b) Plan	Number of Employees: 9
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Additional Information:



U. S. Department of Labor  
Employee Benefits Security Administration  
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 10784. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.