

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

Date Completed: 5/4/2023 10:03 AM EST

Confirmation Number: 11527

Amended Confirmation Number:

Employer Information

Name: Sondhi Solutions, LLC
Address: 47 S. Pennsylvania St., Suite 400
City: Indianapolis
State: IN
Zip Code: 46204

Plan Administrator Information

Name: Sondhi Solutions, LLC
Address: 47 S. Pennsylvania St., Suite 400
City: Indianapolis
State: IN
Zip Code: 46204
Phone: 3172923059
Email: lszostak@sondhisolutions.com

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:	Nonqualified Deferred Compensation Plan	Number of Employees: 28
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Additional Information:

effective date June 1, 2023 total eligible employees 28 total participating 0-new plan



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 11527. 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.