

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

Date Completed: 9/15/2023 11:53 AM EST

Confirmation Number: 12049

Amended Confirmation Number:

Employer Information

Name: Conant Healthcare, LLC DBA Aesthetic Partners
Address: 4800 N Federal Hwy c100
City: Boca Raton
State: FL
Zip Code: 33431

Plan Administrator Information

Name: Conant Healthcare, LLC DBA Aesthetic Partners
Address: 4800 N Federal Hwy C100
City: Boca Raton
State: FL
Zip Code: 33431
Phone: 3052816196
Email: CWinkler@aestheticpartners.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: Aesthetic Partners NQDC Plan	Number of Employees: 26
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Additional Information:

Newly established nonqualified defined contribution deferred compensation plan to benefit only a select group of management and/or highly paid employees.



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 12049. 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.