

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

Date Completed: 12/1/2023 2:37 PM EST

Confirmation Number: 12363

Amended Confirmation Number:

Employer Information

Name: SimonMed Inc.  
Address: 16220N. Scottsdale Rd. Suite 600  
City: Scottsdale  
State: AZ  
Zip Code: 85254

Plan Administrator Information

Name: SimonMed  
Address: 16220N. Scottsdale Rd. Suite 600  
City: Scottsdale  
State: AZ  
Zip Code: 85254  
Phone: 4802126964  
Email: mark.thomas@simonmed.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:	SimonMed Imaging Deferred Compensation Plan	Number of Employees: 133
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Additional Information:

Plan Name: SimonMed Imaging Deferred Compensation 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 12363. 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.