

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

Date Completed: 12/18/2023 2:50 PM EST

Confirmation Number: 12427

Amended Confirmation Number:

Employer Information

Name: Blue Lantern Health LLC
Address: 3450 Buschwood Park Drive, Suite 200
City: Tampa
State: FL
Zip Code: 33618

Plan Administrator Information

Name: Blue Lantern Health LLC
Address: 3450 Buschwood Park Drive, Suite 200
City: Tampa
State: FL
Zip Code: 33618
Phone: 8133971190
Email: john.parker@bluelanternhealth.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:	Blue Lantern Health, LLC Nonqualified Deferred Compensation Plan	Number of Employees: 2
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Additional Information:

effective date 01/01/2024 participating employees 1 eligible employees 2



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 12427. 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.