

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

Date Completed: 4/12/2024 10:45 AM EST

Confirmation Number: 13034

Amended Confirmation Number:

Employer Information

Name: Triangle Pediatrics Center, P.A.
Address: 105 Ridge View Drive
City: Cary
State: NC
Zip Code: 27511

Plan Administrator Information

Name: Triangle Pediatrics Center, P.A. - Board of Directors
Address: 105 Ridge View Drive
City: Cary
State: NC
Zip Code: 27511
Phone: 9194675543
Email: admin@tripeds.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:	Triangle Pediatrics Center, P.A. Severance Compensation Policy	Number of Employees: 4
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Additional Information:

There currently are 4 eligible employees under the arrangement; however, this may increase or decrease in the future.



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 13034. 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.