

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

Date Completed: 1/23/2015 10:49 AM EST

Confirmation Number: 132

Amended Confirmation Number:

Employer Information

Name: Arthrex, Inc
Address: 1370 Creekside Blvd
City: Naples State: FL Zip Code: 34108

Plan Administrator Information

Name: Lindsay Horne
Address: 1370 Creekside Blvd
City: Naples State: FL Zip Code: 34108
Phone: 2395522352
Email: lindsay.horne@arthrex.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: Number of
Employees: 232

Additional Information:



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 132. 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.