

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

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Confirmation Number: 13463

Amended Confirmation Number:

Employer Information

Name: Associates of Pathology, P.C.
Address: 5475 South 500 East
City: Ogden
State: UT
Zip Code: 84405

Plan Administrator Information

Name: Associates of Pathology, P.C.
Address: 5475 South 500 East
City: Ogden
State: UT
Zip Code: 84405
Phone: 8014792390
Email: scott.steiner@associatesofpathology.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:	Nonqualified Deferred Compensation Plan (fbo Number of Mark Orton)	Employees: 1
ID:2	Plan Name:	Nonqualified Deferred Compensation Plan (fbo Number of David Scott Steiner)	Employees: 1
ID:3	Plan Name:	Nonqualified Deferred Compensation Plan (fbo Number of Phillip D. Stephenson)	Employees: 1
ID:4	Plan Name:	Nonqualified Deferred Compensation Plan (fbo Number of Colby Fernelius)	Employees: 1

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 13463. 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.