

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

Date Completed: 10/2/2024 5:56 PM EST

Confirmation Number: 13764  
Amended Confirmation Number: 6929

Employer Information

Name: ENGLEBIRD LLC DBA MOSAIC FINANCIAL PARTNERS  
Address: 316 E SILVER SPRING DR, STE 300  
City: WHITEFISH BAY  
State: WI  
Zip Code: 53217

Plan Administrator Information

Name: DARRIN ENGLEBERT  
Address: 316 E SILVER SPRING DR, STE 300  
City: WHITEFISH BAY  
State: WI  
Zip Code: 53217  
Phone: 4143898924  
Email: darrin.engebert@nm.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:	ENGLEBIRD, LLC SUPPLEMENTAL BENEFIT PLAN	Number of Employees: 4
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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 13764. 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.