

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

Date Completed: 12/4/2024 4:39 PM EST

Confirmation Number: 14099

Amended Confirmation Number:

Employer Information

Name: Macuhealth Distribution Inc
Address: 70 East Long Lake Rd
City: Bloomfield Hills
State: MI
Zip Code: 48304

Plan Administrator Information

Name: Jim Masciangelo
Address: 1 E Deer Valley Rd STE 211
City: Phoenix
State: AZ
Zip Code: 85024
Phone: 5202545287
Email: jmasciangelo@macuhealth.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: MacuHealth Executive Deferred Compensation Number of
Plan Employees: 11

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 14099. 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.