

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

Date Completed: 1/2/2025 9:11 AM EST

Confirmation Number: 14240  
Amended Confirmation Number: 14161

Employer Information

Name: PartnerMD, LLC  
Address: 7001 Forest Avenue, Suite 302  
City: Richmond  
State: VA  
Zip Code: 23230

Plan Administrator Information

Name: Richard Owen  
Address: 7001 Forest Avenue, Suite 302  
City: Richmond  
State: VA  
Zip Code: 23230  
Phone: 8048871669  
Email: rowen@partnermd.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:	Long-Term Incentive Plan and Agreement	Number of Employees: 1
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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 14240. 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.