

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

Date Completed: 1/6/2025 10:22 AM EST

Confirmation Number: 14268

Amended Confirmation Number:

Employer Information

Name: Super Care, Inc. DBA SuperCare Health  
Address: 16017 Valley Blvd.  
City: City of Industry  
State: CA  
Zip Code: 91744

Plan Administrator Information

Name: Super Care, Inc. DBA SuperCare Health  
Address: 16017 Valley Blvd.  
City: City of Industry  
State: CA  
Zip Code: 91744  
Phone: 8882602550  
Email: mbradshaw@supercare.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:	SuperCare Senior Leadership Compensation Plan	Number of Employees: 29
------	------------	---	-------------------------

Additional Information:

effective date February 1, 2025 total eligible employees 29 total participating employees 0 (new plan)



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 14268. 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.