

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: 14340

Amended Confirmation Number:

Employer Information

Name: Converge, Inc
Address: 901 S Delphine Ave, Suite 101
City: Waynesboro
State: VA
Zip Code: 22980

Plan Administrator Information

Name: Converge, Attn: Evan Pettrey
Address: 901 S Delphine Ave, Suite 101
City: Waynesboro
State: VA
Zip Code: 22980
Phone: 5409460000
Email: evan@cnvrg.us

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:	Insurance - Damon Frazier	Number of Employees: 1
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Additional Information:

Life insurance plan for key employee, Damon Frazier.



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 14340. 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.