

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

Date Completed: 1/20/2025 8:24 AM EST

Confirmation Number: 14358

Amended Confirmation Number:

Employer Information

Name: Anne Arundel County Mental Health Agency, Inc.  
Address: 1 Truman Parkway, Suite 101  
City: Annapolis  
State: MD  
Zip Code: 21401

Plan Administrator Information

Name: Adrienne J. Mickler, Executive Director  
Address: 1 Truman Parkway, Suite 101  
City: Annapolis  
State: MD  
Zip Code: 21401  
Phone: 4102523372  
Email: mhmick00@aacounty.org

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: | Top Hat 457(b) Deferred Compensation Plan | Number of<br>Employees: 5 |
|------|------------|---|---------------------------|

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 14358. 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.