

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

Date Completed: 4/22/2025 10:34 AM EST

Confirmation Number: 14808

Amended Confirmation Number:

Employer Information

Name: CareAbout MSO, LLC  
Address: 530 Fifth Ave 21st Floor  
City: New York  
State: NY  
Zip Code: 10036

Plan Administrator Information

Name: Elizabeth Perrong, Vice President of Human Resources  
Address: 530 Fifth Ave 21st Floor  
City: New York  
State: NY  
Zip Code: 10036  
Phone: 8566388162  
Email: Elizabeth.perrong@careabout.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:	CareAbout Health Deferred Compensation Plan	Number of Employees: 325
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Additional Information:

Administered as a non-qualified plan through Fidelity.



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 14808. 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.