

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

Date Completed: 1/18/2026 12:37 PM EST

Confirmation Number: 15941

Amended Confirmation Number:

Employer Information

Name: Nascentia Health, Inc.
Address: 1050 West Genesee Street
City: Syracuse
State: NY
Zip Code: 13204

Plan Administrator Information

Name: June Castle
Address: 1050 West Genesee Street
City: Syracuse
State: NY
Zip Code: 13204
Phone: 3154779320
Email: Jcastle@nascentiahealth.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:	Number of Employees: 8
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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 15941. 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.