

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: 16035
Amended Confirmation Number: 15308

Employer Information

Name: Ligand Pharmaceuticals Inc
Address: 555 Heritage Drive, Suite 200
City: Jupiter
State: FL
Zip Code: 33458

Plan Administrator Information

Name: Marjorie Fackovec
Address: 800 Boylston Street
City: Boston
State: MA
Zip Code: 02199
Phone: 6032344512
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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:	Ligand Pharmaceuticals VP NQDC Plan	Number of Employees: 2
ID:2	Plan Name:	Ligand Pharmaceuticals NQDC Plan	Number of Employees: 5
ID:3	Plan Name:	Ligand Pharmaceuticals Board of Directors NQDC Plan	Number of Employees: 1

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 16035. 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.