

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: 16589
Amended Confirmation Number: 5590

Employer Information

Name: Englebird, LLC DBA MOSAIC FINANCIAL PARTNERS
Address: 316 E SILVER SPRING DR
City: WHITEFISH BAY
State: WI
Zip Code: 53217

Plan Administrator Information

Name: ENGLEBIRD LLC
Address: 316 E SILVER SPRING DR
City: WHITEFISH BAY
State: WI
Zip Code: 53217
Phone: 2622409665
Email: mike@mikemaylaw.net

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: ENGLEBIRD, LLC DEFERRED BONUS PLAN Number of
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 16589. 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.