

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

Date Completed: 10/9/2016 10:40 AM EST

Confirmation Number: 1790

Amended Confirmation Number:

Employer Information

Name: Alvogen Group Inc.
Address: 10 Bloomfield Ave.
City: Pine Brook State: NJ Zip Code: 07058

Plan Administrator Information

Name: Ric Festarini / VP Compensation & Benefits
Address: 6826 State Highway 12
City: Norwich State: NY Zip Code: 13815
Phone: 6073353015
Email: ric.festarini@alvogen.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:	Alvogen, USA 2016 Deferred Compensation Plan	Number of Employees: 50
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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 1790. 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.