

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

Date Completed: 1/20/2017 8:27 AM EST

Confirmation Number: 2179

Amended Confirmation Number:

Employer Information

Name: HomeBridge Financial Services, Inc.
Address: 194 Wood Ave South, 9th Floor
City: Iselin State: NJ Zip Code: 08830

Plan Administrator Information

Name: HomeBridge Financial Services, Inc.
Address: 194 Wood Ave South, 9th Floor
City: Iselin State: NJ Zip Code: 08830
Phone: 7327387100
Email: pdeniz@homebridge.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:	HomeBridge Nonqualified Deferred Compensation Plan	Number of Employees: 63
------	------------	--	-------------------------

Additional Information:

Effective Date January 1, 2017 Total eligible employees 63 Total participating employees 26



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 2179. 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.