

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

Date Completed: 4/7/2017 3:41 PM EST

Confirmation Number: 2434

Amended Confirmation Number:

Employer Information

Name: Froedtert Health, Inc.  
Address: 9200 W. Wisconsin Avenue  
City: Milwaukee State: WI Zip Code: 53217

Plan Administrator Information

Name: Froedtert Health Inc. Benefit Plan Committee, c/o Catherine Mode Eastham  
Address: W180 N8000 Town Hall Road  
City: Menomonee Falls State: WI Zip Code: 53051  
Phone: 2625323879  
Email: catherine.eastham@froedtert.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: | Number of Employees: 2   |
| ID:2  | Plan Name: | Number of Employees: 2   |
| ID:3  | Plan Name: | Number of Employees: 1   |
| ID:4  | Plan Name: | Number of Employees: 5   |
| ID:5  | Plan Name: | Number of Employees: 170 |
| ID:6  | Plan Name: | Number of Employees: 47  |
| ID:7  | Plan Name: | Number of Employees: 10  |
| ID:8  | Plan Name: | Number of Employees: 1   |
| ID:9  | Plan Name: | Number of Employees: 3   |
| ID:10 | Plan Name: | 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 2434. 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.