

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

Date Completed: 9/1/2017 5:32 PM EST

Confirmation Number: 2868

Amended Confirmation Number:

Employer Information

Name: Alight Solutions LLC
Address: 4 Overlook Point
City: Lincolnshire State: IL Zip Code: 60069

Plan Administrator Information

Name: Administrative Committee of Alight Solutions LLC
Address: 4 Overlook Point
City: Lincolnshire State: IL Zip Code: 60069
Phone: 8474420506
Email: garrett.hohimer@aonhewitt.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: 7
ID:2	Plan Name:	Number of Employees: 1
ID:3	Plan Name:	Number of Employees: 101
ID:4	Plan Name:	Number of Employees: 209
ID:5	Plan Name:	Number of Employees: 13
ID:6	Plan Name:	Number of Employees: 391

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 2868. 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.