

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

Date Completed: 12/11/2017 5:16 PM EST

Confirmation Number: 3173

Amended Confirmation Number:

Employer Information

Name: Cross Country Healthcare, Inc
Address: 5201 Congress Avenue
City: Boca Raton State: FL Zip Code: 33487

Plan Administrator Information

Name: Cross Country Healthcare, Inc
Address: 5201 Congress Avenue
City: Boca Raton State: FL Zip Code: 33487
Phone: 5612372555
Email: wburns@crosscountry.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:	Cross Country Healthcare Executive Nonqualified Excess Plan	Number of Employees: 1689
------	------------	--	------------------------------

Additional Information:

Of the 1689 total employees, approximately 150 are anticipated to be eligible to participate in the Top-hat plan based on the terms of the plan agreement.



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 3173. 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.