

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

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Confirmation Number: 3461

Amended Confirmation Number:

Employer Information

Name: InterDent Service Corporation
Address: 9800 S. La Cienega Blvd., Suite 800
City: Inglewood State: CA Zip Code: 90301

Plan Administrator Information

Name: Maureen Murphy / Senior Vice President, Human Resources
Address: 9800 S. La Cienega Blvd., Suite 800
City: Inglewood State: CA Zip Code: 90301
Phone: 3107652421
Email: murphym@interdent.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: 334

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 3461. 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.