

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

Date Completed: 8/24/2018 11:21 AM EST

Confirmation Number: 4101

Amended Confirmation Number:

Employer Information

Name: Apella Health Management, Inc.
Address: 700 North Pine Street
City: Spartanburg State: SC Zip Code: 29303

Plan Administrator Information

Name: Elizabeth Babb, HR Director
Address: 101 East Wood Street
City: Spartanburg State: SC Zip Code: 29303
Phone: 8645606625
Email: ebabb@srhs.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: Apella Health Management, Inc. Key Executive Number of
Capital Accumulation Plan Employees: 3

ID:2 Plan Name: Apella Health Management, Inc. Executive Number of
457(b) Plan Employees: 4

Additional Information:

Filed under DFVCP



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 4101. 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.