

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

Date Completed: 10/1/2018 11:33 AM EST

Confirmation Number: 4219

Amended Confirmation Number:

Employer Information

Name: Ensign Services, Inc.
Address: 27101 Puerta Real, Suite 450
City: Mission Viejo State: CA Zip Code: 92691

Plan Administrator Information

Name: Ensign Services 401(k) Investment Committee
Address: 27101 Puerta Real, Suite 450
City: Mission Viejo State: CA Zip Code: 92691
Phone: 9495401945
Email: bmurphy@ensignservices.net

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: | Ensign Services, Inc. Deferred Compensation Plan | Number of Employees: 158 |
|------|------------|--|--------------------------|

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 4219. 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.