

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: 468

Amended Confirmation Number:

Employer Information

Name: AdvantageCare Physicians
Address: 440 Ninth Ave, 9th Floor
City: New York State: NY Zip Code: 10001

Plan Administrator Information

Name: AdvantageCare Physicians
Address: 440 Ninth Ave, 9th Floor
City: New York State: NY Zip Code: 10001
Phone: 6466801389
Email: feinsteins@acpny.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: 91

Additional Information:

An executive severance pay plan for a selected group of management or highly compensated employees.



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 468. 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.