

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: 4742

Amended Confirmation Number:

Employer Information

Name: PHYNET DERMATOLOGY LLC
Address: 720 Cool Springs Blvd, Suite 150
City: Franklin State: TN Zip Code: 37067

Plan Administrator Information

Name: Brian Arnds, CHRO
Address: 720 Cool Springs Blvd, Suite 150
City: Franklin State: TN Zip Code: 37067
Phone: 9492855560
Email: barnds@phynet.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: | PHYNET DERMATOLOGY DEFERRED COMPENSATION | Number of Employees: 76 |
|------|------------|---|----------------------------|

Additional Information:

NOTE: THE NUMBER OF EMPLOYEES LISTED ABOVE IS THE NUMBER OF ELIGIBLE. ONCE OPEN ENROLLMENT IS COMPLETE, THE EXPECTED NUMBER OF PARTICIPATING EMPLOYEES SHOULD BE ~20



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 4742. 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.