

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

Date Completed: 7/2/2019 12:17 PM EST

Confirmation Number: 5251

Amended Confirmation Number:

Employer Information

Name: AllSpire Health Partners, LLC
Address: 100 Front Street, One Tower Bridge, Suite 1250
City: West Conshohocken
State: PA
Zip Code: 19428

Plan Administrator Information

Name: AllSpire Health Partners, LLC
Address: 100 Front Street, One Tower Bridge, Suite 1250
City: West Conshohocken
State: PA
Zip Code: 19428
Phone: 4845325824
Email: carmella.griffin@allspire.org

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:	AllSpire Health Partners, LLC Supplemental Retirement Plan	Number of Employees: 1
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Additional Information:

Filing is for the AllSpire Health Partners, LLC Supplemental Retirement Plan for Paul Tirjan



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 5251. 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.