

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

Date Completed: 9/8/2015 12:28 PM EST

Confirmation Number: 547

Amended Confirmation Number:

Employer Information

Name: Post Acute Physician Partners, LLC  
Address: 5401 Old Court Road  
City: Randallstown State: MD Zip Code: 21133

Plan Administrator Information

Name: Larry V. Foxwell  
Address: 6017 Riverside Drive Box 457  
City: Secretary State: MD Zip Code: 21664  
Phone: 4434771607  
Email: lfoxwell@pappartners.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: 3

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 547. 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.