

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

Date Completed: 9/17/2019 2:59 PM EST

Confirmation Number: 5514

Amended Confirmation Number:

Employer Information

Name: LiquidAgents Healthcare, LLC
Address: 5810 Tennyson Pkwy Suite 300
City: Plano
State: TX
Zip Code: 75024

Plan Administrator Information

Name: Jenny Hanlon
Address: 5810 Tennyson Pkwy Suite 300
City: Plano
State: TX
Zip Code: 75024
Phone: 9725435223
Email: jhanlon@liquidagents.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:	LiquidAgents Healthcare, LLC Nonqualified Deferred Compensation Plan	Number of Employees: 13
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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 5514. 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.