

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

Date Completed: 9/30/2020 1:37 PM EST

Confirmation Number: 7005

Amended Confirmation Number:

Employer Information

Name: Nicklaus Children's Health Care Foundation  
Address: 11770 US Highway One, Suite 308  
City: North Palm Beach  
State: FL  
Zip Code: 33408

Plan Administrator Information

Name: Nicklaus Children's Health Care Foundation  
Address: 11770 US Highway One, Suite 308  
City: North Palm Beach  
State: FL  
Zip Code: 33408  
Phone: 5616300025  
Email: Andrea.adams@nchcf.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:	Nicklaus Children's Health Care Foundation 457(b) Deferred Compensation Plan	Number of Employees: 1
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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 7005. 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.