

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: 8704

Amended Confirmation Number:

Employer Information

Name: New York Children's Medical Provider Services, P.C.
Address: 282 Washington Street
City: Hartford
State: CT
Zip Code: 06106

Plan Administrator Information

Name: Denise Rocktaschel, Human Resources
Address: 282 Washington Street
City: Hartford
State: CT
Zip Code: 06106
Phone: 8608376116
Email: drocktaschel@connecticutchildrens.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: | NY Children's MPS 401K | Number of Employees: 16 |
| ID:2 | Plan Name: | NY Children's MPS Deferred Compensation Plan | Number of Employees: 5 |

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 8704. 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.