

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

Date Completed: 1/10/2022 8:38 AM EST

Confirmation Number: 9209

Amended Confirmation Number:

Employer Information

Name: OrthoTennessee, P.C.  
Address: 260 Ft. Sanders West Blvd., Suite 200  
City: Knoxville  
State: TN  
Zip Code: 37922

Plan Administrator Information

Name: OrthoTennessee, P.C.  
Address: 260 Ft. Sanders West Blvd., Suite 200  
City: Knoxville  
State: TN  
Zip Code: 37922  
Phone: 8652319470  
Email: jddeeson@orthotennessee.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:	OrthoTennessee, P.C. Deferred Compensation Number of	
		Plan	Employees: 1

Additional Information:

effective date March 1, 2022 total eligible employees 1 total participating employees  
0 (new plan)



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 9209. 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.