

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: 963

Amended Confirmation Number:

Employer Information

Name: Zimmer Biomet Holdings, Inc

Address: 345 E Main St

City: Warsaw State: IN Zip Code: 46580

Plan Administrator Information

Name: Administrative Committee (Dennis Cultice)

Address: 345 E Main St

City: Warsaw State: IN Zip Code: 46580

Phone: 5743724159

Email: dennis.cultice@zimmerbiomet.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
ID:2	Plan Name:	Number of Employees: 25
ID:3	Plan Name:	Number of Employees: 35
ID:4	Plan Name:	Number of Employees: 30
ID:5	Plan Name:	Number of Employees: 10
ID:6	Plan Name:	Number of Employees: 85

Additional Information:

Includes plans acquired via merger, and excludes non-qualified plans which cover no employees.



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 963. 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.