

2520153420083

REPORTING AND DISCLOSURE STATEMENT

TOP HAT PLAN (DOL REG. §2520.104-23)

Name and Address of Employer: *340B Health*
1101 15th Street NW, Suite 910
Washington, DC 20005-1700

EIN of Employer: *20-5913680*

The Employer maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Name of Plan: *340B Health 457(f) Plan*

Date of Adoption of Plan: *10/21/15*

Number of Plans: *One (1)*

Number of Members of Plan: *One (1)*

340B HEALTH

By: *[Signature]*

Dated: *10/21/15*



A N G E L L

October 21, 2015

The ANGELL Pension Group, Inc.
Actuaries, Consultants, and Administrators for Employee Benefit Plans
88 Boyd Avenue
East Providence, Rhode Island 02914
Tel: 401.438.9250 Fax: 401.438.7278
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CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-1513
U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

Re: 340B Health 457(f) Plan

Dear Sir/Madam:

Enclosed for filing is the Disclosure Statement for the 340B Health 457(f) Plan to meet the alternative method of compliance with the reporting and disclosure requirements of Part I of Title I of ERISA for top-hat plans pursuant to DOL Reg. Section 2520.104-23.

Very truly yours,

Peter L. Karlson, J.D., LL.M.

PLK/jjb
TOPHAT DOL LTR.DOC/14414-02

Enclosure

cc: Miriam Lasar, 340B Health



The ANGELL Pension Group, Inc.
88 Boyd Avenue
East Providence, Rhode Island 02914



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