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January 20, 2016

VIA CERTIFIED MAIL/RETURN RECEIPT REQUESTED

U.S. Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Avenue, N.W., N-1513
Washington, D.C. 20210

2016 JAN 28 PM 3:45
EBSA/PUBLIC DISCLOSURE

Re: *Disclosure regarding the Policy Regarding Payment of Compensation at Retirement, Death and Total Disability*

Dear Madam or Sir:

In accordance with Department of Labor Regulation §2520.104-23, I am filing the following information on behalf of the plan administrator for the Carolina Asthma and Allergy Center, P.A. Policy Regarding Payment of Compensation at Retirement, Death and Total Disability.

- 1. Name and Address of Employer: Carolina Asthma and Allergy Center, P.A.
2600 East 7th Street
Unit A
Charlotte, NC 28204
- 2. Employer's Employer Identification Number: 56-1227652
- 3. Number of Plans to which Statement Relates: One
- 4. Declaration: The Employer maintains the plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees of the Employer.
- 5. Number of Employees Initially Covered By Plan: Eleven

Upon request by the Secretary of the Department of Labor, the Employer will provide documents for the above-listed plan, as required under § 104(a)(6) of the Employee Retirement Income Security Act of 1974, as amended.

Sincerely,

A handwritten signature in black ink that reads "Jay M. Hord". The signature is written in a cursive style with a large, prominent "J" and "H".

Jay M. Hord

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