

**REPORTING AND DISCLOSURE STATEMENT**

**TOP HAT PLAN (DOL REG. §2520.104-23)**

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Name and Address of Employer:

*Amida Care Inc.  
14 Penn Plaza, 2nd Floor  
New York, NY 10122*

2520190450184

EIN of Employer:

*13-4154068*

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

Name of Plan:

*Amida Care 457(f) Plan*

Date of Adoption of Plan:

*December 14, 2018*

Number of Plans:

*One (1)*

Number of Members of Plan:

*One (1)*

**AMIDA CARE INC.**

By: \_\_\_\_\_

*Felice Kussov*

Dated: \_\_\_\_\_

*12/14/18*



A N G E L L

The ANGELL Pension Group, Inc.  
Actuaries, Consultants, and Administrators for Employee Benefit Plans  
88 Boyd Avenue  
East Providence, Rhode Island 02914  
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[www.angellpensiongroup.com](http://www.angellpensiongroup.com)

December 17, 2018

**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: *Amida Care 457(f) Plan***

Dear Sir/Madam:

Enclosed for filing is the Disclosure Statement for the Amida Care 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/14892-01

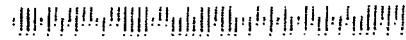
Enclosure

cc: Felice D. Kussoy, CPA, CFE, *Amida Care Inc.*  
Joseph J. Borin, CPC, QPA, QKA, *The Angell Pension Group, Inc.*

2018 DEC 21 17:05:01



U.S. POSTAL SERVICE



88 Boyd Avenue  
East Providence, Rhode Island 02914

**CERTIFIED MAIL**



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