



2520203570013

November 24, 2020

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

Dear Sir or Madam:

The purpose of this letter is to provide alternative single filing compliance with reporting and disclosure requirements regarding Nonqualified Top Hat Plans under Part I of Title I of ERISA. This filing is intended to comply with Department of Labor Regulations Section 2520.104-23:

- A. Name and Address of Employer:
Edinger Medical Group
9900 Talbert Ave. Ste 302
Fountain Valley, Ca. 92708

- B. Employer Identification Number: 95-2598725

- C. Edinger Medical Group maintains the following plans for a select group of management or highly compensated employees:
 - 1. Edinger Medical Group Nonqualified Deferred Compensation Plan
Number of Participants: 10

 - 2. Edinger Medical Group Nonqualified Defined Contribution Plan
Number of Participants: 10

In accordance with Section 104(a)(1) of ERISA, the Employer will provide Plan documents to the Secretary of Labor upon request.

Very truly yours,

Edinger Medical Group

By: Stanley Arnold MD
(signature of authorized representative)

Name: Stanley Arnold, MD
(print)

Title: President

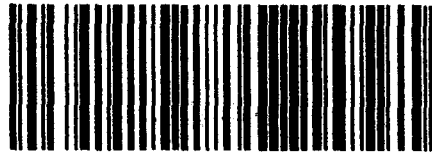


Corporate & Endowment Solutions
ADMINISTRATION, LLC

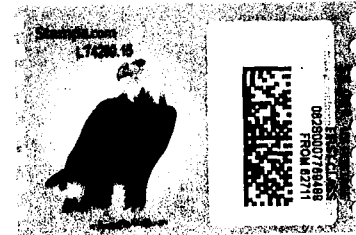
4341 Acer Grove Road
Suite C300
Springfield, IL 62711

at DOLL Loading Dock

CERTIFIED MAIL



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