

**Alternative Reporting And Disclosure Statement
For Nonqualified Deferred Compensation Plans**

TO: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N 1513
U.S. Department of Labor
200 Constitution Ave. N.W.
Washington, DC 20210

2520241710002

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for un-funded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR, Sec. 2520.104-23, the following information is provided by the undersigned administrator:

1. Name of Employer is: Healthcare Professionals Insurance Company
2. The mailing address of the Employer is: 217 Great Oaks Blvd.
Albany, NY 12203
3. The Employer Identification Number is: 20-3082454
4. The above named Employer maintains a Plan (or Plans) primarily for the purpose providing deferred compensation benefits for a select group of management or highly compensated employees.
5. Number of Plans and Eligible Employees in each Plan: One Plan covering 2 Eligible Employees
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

Healthcare Professionals Insurance Company
A New York Corporation

By: Veronica Landry
Authorized Person

Date 3-27-2024



217 Great Oaks Boulevard, Albany, NY 12203

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