

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

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Confirmation Number: 1061

Amended Confirmation Number:

Employer Information

Name: Oklahoma Medical Research Foundation
Address: 825 Northeast 13th Street
City: Oklahoma City State: OK Zip Code: 73104

Plan Administrator Information

Name: TIAA-CREF
Address: PO Box 1273
City: Charlotte State: NC Zip Code: 28201
Phone: 8008622638
Email: jennifer.sailors@tiaa.org

Plan Information

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

ID:1 Plan Name: Number of
Employees: 26

Additional Information:



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 1061. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.