

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: 10998

Amended Confirmation Number:

Employer Information

Name: Alaska Airlines, Inc.
Address: P.O. Box 68900 - SEAHB
City: Seattle
State: WA
Zip Code: 98168

Plan Administrator Information

Name: Alaska Airlines, Inc.
Address: 19300 International Blvd.
City: Seatac
State: WA
Zip Code: 98188
Phone: 2063928343
Email: andy.schneider@alaskaair.com

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:	FIP Equalization Agreement	Number of Employees: 1
ID:2	Plan Name:	FIP Equalization Agreement	Number of Employees: 1
ID:3	Plan Name:	FIP Equalization Agreement	Number of Employees: 1
ID:4	Plan Name:	FIP Equalization Agreement	Number of Employees: 1
ID:5	Plan Name:	FIP Equalization Agreement	Number of Employees: 1
ID:6	Plan Name:	FIP Equalization Agreement	Number of Employees: 1

Additional Information:

Top hat notices were previously filed for five of the six FIP Equalization Agreements listed in this submission. We are filing this top hat notice specifically to disclose the sixth FIP Equalization Agreement, which is new.



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 10998. 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.