

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: 11091

Amended Confirmation Number:

Employer Information

Name: Benjamin Levin  
Address: 121 Hendersonville Road  
City: ASHEVILLE  
State: NC  
Zip Code: 28803

Plan Administrator Information

Name: Mountain Area Health Education Center, Inc.  
Address: 121 Hendersonville Road  
City: Asheville  
State: NC  
Zip Code: 28803  
Phone: 8282574772  
Email: zach.levin@mahec.net

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: 1
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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 11091. 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.