

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: 11146

Amended Confirmation Number:

Employer Information

Name: Assumption University
Address: 500 Salisbury Street
City: Worcester
State: MA
Zip Code: 01609

Plan Administrator Information

Name: Robert G. Carson, MSHRM, CDR, PRC - Human Resources
Address: 500 Salisbury Street
City: Worcester
State: MA
Zip Code: 01609
Phone: 5087677599
Email: rg.carson@assumption.edu

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: Assumption University 457(f) Nonqualified PlanNumber of
Employees: 1

Additional Information:

Plan is effective as of January 1, 2023 and was adopted on February 9, 2023.



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 11146. 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.