

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

Date Completed: 4/9/2023 10:27 AM EST

Confirmation Number: 11401

Amended Confirmation Number:

Employer Information

Name: Minnesota Medical Association
Address: 3433 Broadway Street NE, Suite 187
City: Minneapolis
State: MN
Zip Code: 55413

Plan Administrator Information

Name: Minnesota Medical Association
Address: 3433 Broadway Street NE, Suite 187
City: Minneapolis
State: MN
Zip Code: 55413
Phone:
Email: mma@mnmed.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:	Minnesota Medical Association 457(b) Plan	Number of Employees: 1
ID:2	Plan Name:	MMJSO Deferred Compensation Agreement	Number of Employees: 1

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 11401. 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.