

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

Date Completed: 7/24/2023 2:33 PM EST

Confirmation Number: 11841

Amended Confirmation Number:

Employer Information

Name: The Blood Center
Address: 2609 Canal Street
City: New Orleans
State: LA
Zip Code: 70119

Plan Administrator Information

Name: Carrie Madona
Address: 2609 Canal Street
City: New Orleans
State: LA
Zip Code: 70119
Phone: 5045921531
Email: cmadona@thebloodcenter.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:	The Blood Center 457 (F) Plan	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 11841. 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.