

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

Date Completed: 10/28/2023 3:59 PM EST

Confirmation Number: 12217

Amended Confirmation Number:

Employer Information

Name: Praxis, Inc.
Address: 409 West 45th St, 3rd Floor
City: New York
State: NY
Zip Code: 10036

Plan Administrator Information

Name: Principal Financial
Address: 711 High Street
City: Des Moines
State: IA
Zip Code: 50392
Phone:
Email: vogt.christie@principal.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:	457(b) Plan	Number of Employees: 1
------	------------	-------------	---------------------------

Additional Information:

There may be additional employees added in future years.



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 12217. 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.