

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: 12563

Amended Confirmation Number:

Employer Information

Name: ImpactLife
Address: 5500 Lakeview Parkway
City: Davenport
State: IA
Zip Code: 52807

Plan Administrator Information

Name: Jennifer Feeney
Address: 5500 Lakeview Parkway
City: Davenport
State: IA
Zip Code: 52807
Phone: 5638238917
Email: jfeeney@impactlife.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:	Mississippi Valley Regional Blood Center Deferred Compensation Agreement	Number of Employees: 1
ID:2	Plan Name:	ImpactLife 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 12563. 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.