

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

Date Completed: 1/22/2024 12:57 PM EST

Confirmation Number: 12647

Amended Confirmation Number:

Employer Information

Name: NorthWinds Technology Solutions LLC
Address: 3100 Business Park Drive
City: Stevens Point
State: WI
Zip Code: 54482

Plan Administrator Information

Name: Human Resources
Address: 3100 Business Park Drive
City: Stevens Point
State: WI
Zip Code: 54482
Phone: 7153430719
Email: perickson@deltadentalwi.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:	Number of Employees: 19
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Additional Information:

This plan covers Directors and Executives from NorthWinds Technology Solutions LLC.



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 12647. 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.