

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

Date Completed: 1/25/2024 10:52 AM EST

Confirmation Number: 12671
Amended Confirmation Number:

Employer Information

Name: Plasma Protein Therapeutics Association
Address: 147 Old Solomons Isl Rd #100
City: Annapolis
State: MD
Zip Code: 21401

Plan Administrator Information

Name: Catherine Izzi
Address: 147 Old Solomons Isl Rd #100
City: Annapolis
State: MD
Zip Code: 21401
Phone: 4434331103
Email: cizzi@pntaglobal.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:	Plasma Protein Therapeutics Association 457(b) Plan	Number of Employees: 22
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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 12671. 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.