

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: 13391

Amended Confirmation Number:

Employer Information

Name: Blue Cross & Blue Shield of Mississippi
Address: 3545 Lakeland Drive
City: Flowood
State: MS
Zip Code: 39232

Plan Administrator Information

Name: Harold Rogers, Vice President, Human Resources, BCBSMS
Address: 3545 Lakeland Drive
City: Flowood
State: MS
Zip Code: 39232
Phone: 6016644244
Email: hrrogers@bcbsms.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:	Blue Cross & Blue Shield of Mississippi, A Mutual Insurance Company, Savings Restoration Program	Number of Employees: 11
ID:2	Plan Name:	Blue Cross & Blue Shield of Mississippi, A Mutual Insurance Company, Retirement Benefit Restoration Program	Number of Employees: 6
ID:3	Plan Name:	Blue Cross & Blue Shield of Mississippi, A Mutual Insurance Company, Deferred Compensation Program for Officers	Number of Employees: 1
ID:4	Plan Name:	Blue Cross & Blue Shield of Mississippi, A Mutual Insurance Company, Deferred Compensation Program for Directors	Number of Employees: 4

Additional Information:

This plan is a benefit plan for a select group of key management employees.



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 13391. 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.