

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: 14217

Amended Confirmation Number:

Employer Information

Name: Louisiana Workers' Compensation Corporation
Address: 2237 S. Acadian Thruway
City: Baton Rouge
State: LA
Zip Code: 70808

Plan Administrator Information

Name: The Compensation Committee of the Board of Directors of Louisiana Workers'
Compensation Corporation
Address: 2237 S. Acadian Thruway
City: Baton Rouge
State: LA
Zip Code: 70808
Phone:
Email: Gretchen.Hofeling@lwcc.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: Louisiana Workers' Compensation Corporation Number of
Executive Severance Plan Employees: 20

Additional Information:

The plan provides severance benefits to an officer of the Company who holds the title of Vice President or higher or a substantially equivalent position as determined by the Compensation Committee.



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 14217. 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.