

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: 14295
Amended Confirmation Number: 14273

Employer Information

Name: Nippon Life Insurance Company of America
Address: 666 Third Avenue, Suite 2201
City: New York
State: NY
Zip Code: 10017

Plan Administrator Information

Name: Audrey Tomlinson
Address: 666 Third Avenue, Suite 2201
City: New York
State: NY
Zip Code: 10017
Phone: 9177508070
Email: a-tomlinson@nipponlifebenefits.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:	Nippon Life Insurance Company of America Executive Severance Plan	Number of Employees: 9
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Additional Information:

Number of employees covered by this plan is 9



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 14295. 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.