

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

Date Completed: 2/5/2025 1:43 PM EST

Confirmation Number: 14442

Amended Confirmation Number:

Employer Information

Name: Kinder Morgan, Inc.
Address: 1001 Louisiana St., Suite 1000
City: Houston
State: TX
Zip Code: 77002

Plan Administrator Information

Name: Compensation Committee of the Board of Directors of Kinder Morgan, Inc.
Address: 1001 Louisiana St., Suite 1000
City: Houston
State: TX
Zip Code: 77002
Phone:
Email: benefits@kindermorgan.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:	Death and Disability Benefit Agreement	Number of Employees: 1
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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 14442. 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.