

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

Date Completed: 3/18/2025 9:23 AM EST

Confirmation Number: 14632  
Amended Confirmation Number: 13082

Employer Information

Name: Trusted Fraternal Life  
Address: 1100 W Wells St.  
City: Milwaukee  
State: WI  
Zip Code: 53233

Plan Administrator Information

Name: Kristen Mueller  
Address: 1100 W Wells St  
City: Milwaukee  
State: WI  
Zip Code: 53233  
Phone: 4144774683  
Email: Kristen.Mueller@catholicfinanciallife.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:	Catholic Financial Life 457(b) Plan	Number of Employees: 7
ID:2	Plan Name:	Trusted Fraternal Life Management Long-Term Incentive Plan	Number of Employees: 3

Additional Information:

The Trusted Fraternal Life Management Long-Term Incentive Plan is a 457(f) plan.



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 14632. 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.