

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: 14998

Amended Confirmation Number:

Employer Information

Name: Medicaid Health Plans of America
Address: 1575 Eye Street, NW, Suite 300
City: Washington
State: DC
Zip Code: 20005

Plan Administrator Information

Name: Medicaid Health Plans of America
Address: 1575 Eye Street, NW, Suite 300
City: Washington
State: DC
Zip Code: 20005
Phone: 2028575720
Email: CKennedy@mhpa.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: 457(f) Agreement	Number of Employees: 1
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Additional Information:

Pursuant to 29 C.F.R. Section 2520.104-23(b)(2), the employer will provide plan documents, if any, to the Secretary of Labor upon request as required by ERISA Section 104(a)(1).



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 14998. 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.