

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: 1507

Amended Confirmation Number:

Employer Information

Name: Missouri State Medical Association
Address: 113 Madison St., PO Box 1028
City: Jefferson City State: MO Zip Code: 65102

Plan Administrator Information

Name: Missouri State Medical Association
Address: 113 Madison St., PO Box 1028
City: Jefferson City State: MO Zip Code: 65102
Phone: 5736365151
Email: tholloway@msma.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: Missouri State Medical Association 457 Plan Number of Employees: 2

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 1507. 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.