

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

Date Completed: 11/26/2025 2:56 PM EST

Confirmation Number: 15711

Amended Confirmation Number:

Employer Information

Name: Delta Air Lines, Inc.
Address: PO Box 20706
City: Atlanta
State: GA
Zip Code: 30320

Plan Administrator Information

Name: The Administrative Committee of Delta Air Lines, Inc., Department 844
Address: PO Box 20706
City: Atlanta
State: GA
Zip Code: 30320
Phone: 8006933582
Email: retirement.delta@delta.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:	Delta Air Lines, Inc. Nonqualified Deferred Compensation Plan for Pilots	Number of Employees: 740
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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 15711. 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.