

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: 15760

Amended Confirmation Number:

Employer Information

Name: Nebraska Orthopaedic Center, P.C.
Address: 575 South 70th Street, Suite 200
City: Lincoln
State: NE
Zip Code: 68510

Plan Administrator Information

Name: Justin Harris
Address: 575 South 70th Street, Suite 200
City: Lincoln
State: NE
Zip Code: 68510
Phone: 4024362000
Email: jharris@nebraskaortho.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:	Senior Executive Retirement 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 15760. 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.