

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

Date Completed: 2/2/2026 2:01 PM EST

Confirmation Number: 16021

Amended Confirmation Number:

Employer Information

Name: American Association of Nurse Practitioners  
Address: 5901 Vega Avenue, Suite 200  
City: Austin  
State: TX  
Zip Code: 78735

Plan Administrator Information

Name: Sharon Allen  
Address: 5901 Vega Avenue, Suite 200  
City: Austin  
State: TX  
Zip Code: 78735  
Phone: 5125050234  
Email: sallen@aanp.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:	American Association of Nurse Practitioners Top Hat Plan	Number of Employees: 4
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Additional Information:

This is a late top hat plan filing and we wish to use the Delinquent Filer Voluntary Compliance Program. The plan was adopted on 03/04/2024.



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 16021. 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.