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

Date Completed: 7/7/2026 11:40 PM EST

Confirmation Number: 16701
Amended Confirmation Number:

Employer Information

Name:	Louisiana Public Health Institute
Address:	400 Poydras St, Suite 1250
City:	New Orleans
State:	LA
Zip Code:	70130

Plan Administrator Information

Name:	Shelina Davis/Louisiana Public Health Institute
Address:	400 Poydras St, Suite 1250
City:	New Orleans
State:	LA
Zip Code:	70130
Phone:	5042962024
Email:	sdavis@lphi.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: LPHI 457(f) Plan Number of Employees: 5

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 16701. 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.