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

Date Completed: 8/4/2026 2:35 PM EST

Confirmation Number: 16831
Amended Confirmation Number:

Employer Information

Name:	Simpson & Adkisson DDS
Address:	603 Hwy 321 N blding 5
City:	Lenoir City
State:	TN
Zip Code:	37771

Plan Administrator Information

Name:	Scott Adkisson
Address:	603 Hwy 321 N blding 5
City:	Lenoir City
State:	TN
Zip Code:	37771
Phone:	8659866566
Email:	scott.dds@outlook.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: Number of Employees: 1

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 16831. 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.