

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: 2870

Amended Confirmation Number:

Employer Information

Name: Mitsubishi Motors North America, Inc.
Address: 6400 Katella Avenue
City: Cypress State: CA Zip Code: 90630

Plan Administrator Information

Name: Mitsubishi Motors North America, Inc.
Address: 6400 Katella Avenue
City: Cypress State: CA Zip Code: 90630
Phone: 7143726000
Email: angie.oleary@na.mitsubishi-motors.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: 9

Additional Information:

Number of Employees represents the number currently eligible to participate. The actual number of participants may differ.



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 2870. 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.