

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

Date Completed: 3/7/2018 6:03 PM EST

Confirmation Number: 3517

Amended Confirmation Number:

Employer Information

Name: Associated Eye Care, Ltd.  
Address: 1719 Tower Drive, Suite 100  
City: Stillwater State: MN Zip Code: 55082

Plan Administrator Information

Name: Rachel Keogh, Finance Director  
Address: 1719 Tower Drive, Suite 100  
City: Stillwater State: MN Zip Code: 55082  
Phone: 6512753052  
Email: scott.rollin@mgmtcomp.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:	Associated Eye Care, Ltd. Deferred Compensation Plan	Number of Employees: 8
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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 3517. 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.