

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

Date Completed: 3/19/2018 9:57 AM EST

Confirmation Number: 3549

Amended Confirmation Number:

Employer Information

Name: Briggs Medical Service Company  
Address: 4900 University Ave. , Suite 200  
City: West Des Moines State: IA Zip Code: 50266

Plan Administrator Information

Name: Briggs Medical Service Company  
Address: 4900 University Ave. , Suite 200  
City: West Des Moines State: IA Zip Code: 50266  
Phone: 5153276596  
Email: young.tom@briggscorp.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:	Briggs Medical Service Company Nonqualified Deferred Compensation Plan	Number of Employees: 20
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Additional Information:

effective date March 15, 2018 eligible employees 20 participating employees 9



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 3549. 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.