

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: 3695
Amended Confirmation Number: 3694

Employer Information

Name: American Associates, Ben-Gurion University of the Negev, Inc.
Address: 1001 Avenue of the Americas, 19th Floor
City: New York State: NY Zip Code: 10018

Plan Administrator Information

Name: American Associates, Ben-Gurion University of the Negev, Inc.
Address: 1001 Avenue of the Americas, 19th Floor
City: New York State: NY Zip Code: 10018
Phone: 7819141323
Email: lisa.jones@sentinelgroup.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:	American Associates, Ben-Gurion University of Number of the Negev, Inc. 457(b) Plan	Employees: 1
ID:2	Plan Name:	American Associates, Ben-Gurion University of Number of the Negev, Inc. Deferred Compensation Plan	Employees: 1
ID:3	Plan Name:	American Associates, Ben-Gurion University of Number of the Negev, Inc. Retention Bonus Plan	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 3695. 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.