

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: 4242

Amended Confirmation Number:

Employer Information

Name: University of Minnesota Physicians
Address: 720 Washington Ave SE, Suite 200
City: Minneapolis State: MN Zip Code: 55414

Plan Administrator Information

Name: University of Minnesota Physicians
Address: 720 Washington Ave SE, Suite 200
City: Minneapolis State: MN Zip Code: 55414
Phone: 6128840788
Email: vbock10@umphysicians.umn.edu

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:	University of Minnesota Physicians 457(b) Deferred Compensation Plan	Number of Employees: 40
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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 4242. 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.