

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

Date Completed: 10/25/2018 12:25 PM EST

Confirmation Number: 4294
Amended Confirmation Number: 3313

Employer Information

Name: Praxair, Inc.
Address: 10 Riverview Drive
City: Danbury State: CT Zip Code: 06810

Plan Administrator Information

Name: Praxair, Inc.
Address: 10 Riverview Drive
City: Danbury State: CT Zip Code: 06810
Phone: 2038372640
Email: troy_ficarra@praxair.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:	Praxair, Inc. Equalization Benefit Plan	Number of Employees: 191
ID:2	Plan Name:	Praxair, Inc. Supplemental Retirement Income Plan A	Number of Employees: 191
ID:3	Plan Name:	Praxair, Inc. Supplemental Retirement Income Plan B	Number of Employees: 191
ID:4	Plan Name:	Praxair, Inc. Compensation Deferral Program	Number of Employees: 422
ID:5	Plan Name:	Amended and Restated 2009 Praxair, Inc. Long Term Incentive Plan	Number of Employees: 380
ID:6	Plan Name:	Praxair, Inc. 2018 Equalization Benefit Plan	Number of Employees: 10
ID:7	Plan Name:	Praxair, Inc. 2018 Supplemental Retirement Income Plan A	Number of Employees: 120
ID:8	Plan Name:	Praxair, Inc. 2018 Supplemental Retirement Income Plan B	Number of Employees: 25

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 4294. 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.