

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

Date Completed: 12/19/2018 9:37 AM EST

Confirmation Number: 4517

Amended Confirmation Number:

**Employer Information**

Name: Tishomingo County Electric Power Association

Address: P O Box 560

City: Iuka State: MS Zip Code: 38852

**Plan Administrator Information**

Name: Tim Wigginton

Address: P O Box 560

City: Iuka State: MS Zip Code: 38852

Phone: 6624233646

Email: twigginton@tcepa.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: Tishomingo County Electric Power Association Number of  
457(b) Plan Employees: 1

**Additional Information:**

Tishomingo County Electric Power Association Executive Compensation 457(b) Plan  
for Employees



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 4517. 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.