

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

Date Completed: 1/29/2019 3:43 PM EST

Confirmation Number: 4690

Amended Confirmation Number:

Employer Information

Name: The University of La Verne
Address: 1950 3rd Street
City: La Verne State: CA Zip Code: 91750

Plan Administrator Information

Name: The University of La Verne Retirement Committee
Address: 1950 3rd Street
City: La Verne State: CA Zip Code: 91750
Phone: 9094484034
Email: akechichian2@laverne.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:	The University of La Verne 457(b) Plan	Number of Employees: 6
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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 4690. 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.