

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

Date Completed: 1/30/2019 4:37 PM EST

Confirmation Number: 4693

Amended Confirmation Number:

Employer Information

Name: Blue Cross and Blue Shield of Kansas City
Address: 2301 Main Street
City: Kansas City State: MO Zip Code: 64108

Plan Administrator Information

Name: Jonna Harris, Department Vice President, Total Rewards & HR Operations
Address: 2301 Main Street
City: Kansas City State: MO Zip Code: 64108
Phone: 8163953041
Email: Jonna.Harris@BlueKC.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:	Blue Cross and Blue Shield of Kansas City Deferred Compensation Plan	Number of Employees: 24
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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 4693. 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.