

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

Date Completed: 4/25/2019 3:05 PM EST

Confirmation Number: 5043

Amended Confirmation Number:

Employer Information

Name: Triad National Security, LLC
Address: Bikini Atoll Road, SM 30
City: Los Alamos State: NM Zip Code: 87545

Plan Administrator Information

Name: Human Resource & Compensation Comm. of Triad National Security, LLC Bd.of Directors
Address: Bikini Atoll Road, SM 30
City: Los Alamos State: NM Zip Code: 87545
Phone:
Email: cdavidson@lanl.gov

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:	Triad 2018 Restoration Plan	Number of Employees: 13
ID:2	Plan Name:	Triad 401(a)(17) Restoration Plan	Number of Employees: 4
ID:3	Plan Name:	Triad Restoration Plan	Number of Employees: 10

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 5043. 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.