

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

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Confirmation Number: 5720

Amended Confirmation Number:

Employer Information

Name: Fox Corporation
Address: 1211 Avenue of the Americas
City: New York
State: NY
Zip Code: 10036

Plan Administrator Information

Name: Fox Corporation
Address: 1211 Avenue of the Americas
City: New York
State: NY
Zip Code: 10036
Phone: 2128527289
Email: ted.exarhakos@fox.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:	Fox Corporation Supplemental Executive Retirement Plan	Number of Employees: 31
ID:2	Plan Name:	Individual Supplemental Executive Retirement Arrangement	Number of Employees: 1
ID:3	Plan Name:	Individual Supplemental Executive Retirement Arrangement	Number of Employees: 1
ID:4	Plan Name:	Individual Supplemental Executive Retirement Arrangement	Number of Employees: 1
ID:5	Plan Name:	Individual Supplemental Executive Retirement Arrangement	Number of Employees: 1
ID:6	Plan Name:	Individual Supplemental Executive Retirement Arrangement	Number of Employees: 1
ID:7	Plan Name:	Individual Supplemental Executive Retirement Arrangement	Number of Employees: 1
ID:8	Plan Name:	Individual Supplemental Executive Retirement Arrangement	Number of Employees: 1
ID:9	Plan Name:	Individual Supplemental Executive Retirement Arrangement	Number of Employees: 1
ID:10	Plan Name:	Individual Supplemental Executive Retirement Arrangement	Number of Employees: 1
ID:11	Plan Name:	Individual Supplemental Executive Retirement Arrangement	Number of Employees: 1
ID:12	Plan Name:	Individual Supplemental Executive Retirement Arrangement	Number of Employees: 1
ID:13	Plan Name:	Individual Supplemental Executive Retirement Arrangement	Number of Employees: 1
ID:14	Plan Name:	Individual Supplemental Executive Retirement Arrangement	Number of Employees: 1
ID:15	Plan Name:	Individual Supplemental Executive Retirement Arrangement	Number of Employees: 1
ID:16	Plan Name:	Chris Craft Benefit Equalization Plan	Number of Employees: 30
ID:17	Plan Name:	Chris Craft Deferred Income Plan	Number of Employees: 19

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 5720. 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.