

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: 640

Amended Confirmation Number:

Employer Information

Name: MORSE ELECTRIC INC
Address: 1653 N YORK ST
City: MUSKOGEE State: OK Zip Code: 74403

Plan Administrator Information

Name: JUSTIN M. NELSON
Address: 201 S DENVER AVE
City: TULSA State: OK Zip Code: 74103
Phone: 9184971139
Email: justin.m.nelson@nm.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:	MORSE ELECTRIC INC. NONQUALIFIED DEFERRED COMPENSATION PLAN	Number of Employees: 2
ID:2	Plan Name:	MORSE ELECTRIC INC. NONQUALIFIED DEFERRED COMPENSATION PLAN	Number of Employees: 2

Additional Information:

ONE PLAN WILL USE WHOLE LIFE INSURANCE. THE OTHER PLAN WILL UTILIZE MUTUAL FUNDS.



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 640. 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.