

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: 6578

Amended Confirmation Number:

Employer Information

Name: Quinnipiac University  
Address: 275 Mt. Carmel Avenue, OF-HMN  
City: Hamden  
State: CT  
Zip Code: 06518

Plan Administrator Information

Name: Quinnipiac University  
Address: 275 Mt. Carmel Avenue, OF-HMN  
City: Hamden  
State: CT  
Zip Code: 06518  
Phone: 2035827722  
Email: Anna.Spragg@quinnipiac.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:	457(f) Supplemental Deferred Compensation Plan	Number of Employees: 8
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Additional Information:

457(f) Plan for members of Quinnipiac University Management Committee.



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 6578. 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.