

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: 6734

Amended Confirmation Number:

Employer Information

Name: American Society of Human Genetics
Address: 6120 Executive Blvd, Suite 500
City: Rockville
State: MD
Zip Code: 20852

Plan Administrator Information

Name: Frank Balsler/CFO
Address: 6120 Executive Blvd, Suite 500
City: Rockville
State: MD
Zip Code: 20852
Phone: 3016347079
Email: fbalsler@ashg.org

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:	Number of Employees: 1
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Additional Information:

Copy of letter to be mailed: U.S. Department of Labor Employee Benefits Security Administration Top Hat Plan Exemption 200 Constitution Avenue, NW, N-1515 Washington, DC 20210 Re: American Society of Human Genetics 457(b) Eligible Deferred Compensation Plan Dear Secretary: Under Section 2520.104-23 of your Regulations, this letter serves as notice that, with respect to the above named plan, we intend to utilize the alternative form of compliance with the reporting and disclosure requirements of Part 1 of Title I of ERISA. Pursuant to Regulations Section 2520.104-23(b), the following information is provided: 1. Name and Address of Employer/Plan Administrator- American Society of Human Genetics 6120 Executive Blvd Suite 500 Rockville, MD 0852 2. Employer/Plan Administrator's Employer Identification Number - 52-1419397 3. The Employer declares that it maintains the plan primarily for the purpose of providing deferred compensation for one member of a select group of its management or highly compensated employees. The Employer will provide plan documents to the Secretary of Labor upon request as required by Section 104(a)(1) of ERISA. Very truly yours, AMERICAN SOCIETY OF HUMAN GENETICS By: Frank Balsler Title: _CFO_____ Print Name: Frank Balsler



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 6734. 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.