

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: 6836

Amended Confirmation Number:

Employer Information

Name: ARTHROSCOPY ASSOCIATION OF NORTH AMERICA
Address: 9400 W Higgins Road; Suite 200
City: Rosemont
State: IL
Zip Code: 60018

Plan Administrator Information

Name: Dennis Siena / ARTHROSCOPY ASSOCIATION OF NORTH AMERICA
Address: 9400 W Higgins Road, Suite 200
City: Rosemont
State: IL
Zip Code: 60018
Phone: 8479932061
Email: dennis@aana.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: AANA 457(b) Plan	Number of Employees: 3
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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 6836. 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.