

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

Date Completed: 8/31/2020 1:43 PM EST

Confirmation Number: 6899

Amended Confirmation Number:

Employer Information

Name: Delta Dental of North Carolina
Address: 4242 Six Forks Road, Suite 970
City: Raleigh
State: NC
Zip Code: 27609

Plan Administrator Information

Name: Amy Basel
Address: PO Box 30416
City: Lansing
State: MI
Zip Code: 48909
Phone: 5173475232
Email: ABasel@deltadentalmi.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:	Delta Dental of North Carolina Supplemental Retirement Plan	Number of Employees: 1
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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 6899. 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.