

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

Date Completed: 10/7/2020 2:57 PM EST

Confirmation Number: 7039

Amended Confirmation Number:

Employer Information

Name: Cassia
Address: 7171 Ohms Lane
City: Edina
State: MN
Zip Code: 55439

Plan Administrator Information

Name: Angela Brown/Chief HR Officer
Address: 7171 Ohms Lane
City: Edina
State: MN
Zip Code: 55439
Phone: 9528555123
Email: angela.brown@cassialife.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: Cassia 457(b)	Number of Employees: 100
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Additional Information:

Estimated number of people eligible is 100, though participation is low



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 7039. 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.