

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

Date Completed: 11/27/2020 11:53 AM EST

Confirmation Number: 7245

Amended Confirmation Number:

Employer Information

Name: Polsinelli PC
Address: 900 West 48th Place
City: Kansas City
State: MO
Zip Code: 64112

Plan Administrator Information

Name: Scott Fletcher, Chief Operating Officer and Chief Financial Officer
Address: 900 West 48th Place
City: Kansas City
State: MO
Zip Code: 64112
Phone: 2146615588
Email: sfletcher@polsinelli.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:	Polsinelli Synthetic Capital Infusion Plan	Number of Employees: 26
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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 7245. 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.