

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: 7473

Amended Confirmation Number:

Employer Information

Name: Medica Services Company LLC
Address: 401 Carlson Parkway Mail Route CP175
City: Minnetonka
State: MN
Zip Code: 55305

Plan Administrator Information

Name: Michelle Benny
Address: 401 Carlson Parkway Mail Route CP175
City: Minnetonka
State: MN
Zip Code: 55305
Phone: 9529928671
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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:	Supplemental Executive Retirement Plan	Number of Employees: 26
ID:2	Plan Name:	Deferred Compensation Plan	Number of Employees: 59

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 7473. 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.