

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

Date Completed: 5/24/2021 3:53 PM EST

Confirmation Number: 8190

Amended Confirmation Number:

Employer Information

Name: American Family Mutual Insurance Company, S.I.
Address: 6000 American Parkway
City: Madison
State: WI
Zip Code: 53783

Plan Administrator Information

Name: Laura Prokop
Address: 6000 American Parkway
City: Madison
State: WI
Zip Code: 53783
Phone: 8449230934
Email: lprokop@amfam.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: American Family Mutual Insurance Company, S.I. Phantom Profits Unit Award Agreement Number of Employees: 1

Additional 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.



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 8190. 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.