

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

Date Completed: 4/6/2022 4:08 PM EST

Confirmation Number: 9693

Amended Confirmation Number:

Employer Information

Name: Wholesale & Specialty Insurance Association
Address: 4131 N. Mulberry Drive, Suite 200
City: Kansas City
State: MO
Zip Code: 64116

Plan Administrator Information

Name: Wholesale & Specialty Insurance Association
Address: 4131 N. Mulberry Drive, Suite 200
City: Kansas City
State: MO
Zip Code: 64116
Phone: 8162899881
Email: brady@wsia.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:	WSIA Executive Director Retention Incentive Plan	Number of Employees: 1
ID:2	Plan Name:	Wholesale & Specialty Insurance Association 457(b) Plan	Number of Employees: 3

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 9693. 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.