

TOP HAT PLAN STATEMENT
TO BE FILED WITH THE DEPARTMENT OF LABOR
REQUIRED UNDER DEPARTMENT OF LABOR REGULATIONS SECTION
2520.104-23

The Employer named below maintains the following plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees:

Name of Employer: Delta Dental of Washington

Address of Employer: 9706 4th Avenue NE, Seattle, WA 98115

Employer's Employer Identification Number (EIN): 91-0621480

Number of Such Plans: 2

Number of Employees in Each Plan: 6, 7

2013 OCT 31 11 19 AM

Mail the completed Statement to the Secretary of Labor at:
U.S. Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Avenue NW, Room N-1513
Washington, DC 20210



7012 0470 0002 4543 4959



1201 Third Avenue, Suite 2200
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CERTIFIED MAIL, RETURN RECEIPT REQUESTED

SECRETARY OF LABOR
U.S. DEPARTMENT OF LABOR
EMPLOYEE BENEFITS SECURITY ADMINISTRATION
TOP HAT PLAN EXEMPTION
200 CONSTITUTION AVENUE NW, ROOM N-1513
WASHINGTON, DC 20210