

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

Date Completed: 8/25/2022 10:15 AM EST

Confirmation Number: 10318

Amended Confirmation Number:

**Employer Information**

Name: Auto-Owners Insurance Company  
Address: 6101 Anacapri Blvd.  
City: Lansing  
State: MI  
Zip Code: 48917

**Plan Administrator Information**

Name: Executive Committee of the Board of Directors of Auto-Owners Insurance Company  
Address: 6101 Anacapri Blvd.  
City: Lansing  
State: MI  
Zip Code: 48917  
Phone: 5178861718  
Email: woodbury.bill@aoins.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:	Auto-Owners Insurance Company Plan for "Performance Appreciation Rights" for Officers (spinoff from a plan previously filed)	Number of Employees: 96
ID:2	Plan Name:	Auto-Owners Insurance Company Plan for "Performance Appreciation Rights" for Directors (spinoff from a plan previously filed)	Number of Employees: 19

**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 10318. 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.