

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

Date Completed: 1/19/2023 12:31 PM EST

Confirmation Number: 11015

Amended Confirmation Number:

Employer Information

Name: Builders Insurance Group, Inc.  
Address: 2859 Paces Ferry Road, Suite 1400  
City: Atlanta  
State: GA  
Zip Code: 30339

Plan Administrator Information

Name: Builders Insurance Group, Inc.  
Address: 2859 Paces Ferry Road  
City: Atlanta  
State: GA  
Zip Code: 30339  
Phone: 4043538575  
Email: cbelcher@bldrs.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:	Number of Employees: 15
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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 11015. 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.