

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

Date Completed: 9/14/2023 2:45 PM EST

Confirmation Number: 12041

Amended Confirmation Number:

Employer Information

Name: Catalina Island Company  
Address: 150 Metropole Avenue  
City: Avalon  
State: CA  
Zip Code: 90704

Plan Administrator Information

Name: Catalina Island Company  
Address: 150 Metropole Avenue  
City: Avalon  
State: CA  
Zip Code: 90704  
Phone: 8056186848  
Email: tnielsen@scico.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:	Catalina Island Company Nonqualified Deferred Compensation Plan	Number of Employees: 11
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Additional Information:

effective date September 1, 2023 total eligible employees 11 total participating employees 6



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 12041. 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.