

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

Date Completed: 10/23/2023 3:48 PM EST

Confirmation Number: 12184

Amended Confirmation Number:

Employer Information

Name: Cast Products Inc.
Address: 4200 N. Nordica Ave.
City: Norridge
State: IL
Zip Code: 60706

Plan Administrator Information

Name: Cast Products Inc.
Address: 4200 N. Nordica Ave.
City: Norridge
State: IL
Zip Code: 60706
Phone: 7084571500
Email: zsalata@castproducts.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: 1
------	------------	---------------------------

Additional Information:

This Top Hat filing covers the Cast Products Inc. Deferred Compensation Agreement with Virginia Paquet (the Agreement) originally executed on December 20, 1995 with Cast Products. The Agreement was amended on December 29th, 2003, effective January 1, 2004.



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 12184. 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.