

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

Date Completed: 11/30/2023 10:43 AM EST

Confirmation Number: 12351

Amended Confirmation Number:

Employer Information

Name: Indiana Farmers Mutual Insurance Company
Address: 10 West 106th Street
City: Indianapolis
State: IN
Zip Code: 46290

Plan Administrator Information

Name: Indiana Farmers Mutual Insurance Company
Address: 10 West 106th Street
City: Indianapolis
State: IN
Zip Code: 46290
Phone: 3175870748
Email: lcameron@indianafarmers.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:	Indiana Farmers Mutual Insurance Company Nonqualified Deferred Compensation Plan	Number of Employees: 10
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Additional Information:

effective date January 1, 2024 total eligible employees 10 total participating employees 0 (new plan)



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 12351. 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.