

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

Date Completed: 12/6/2023 2:27 PM EST

Confirmation Number: 12381

Amended Confirmation Number:

Employer Information

Name: Herson's, Inc.  
Address: 15525 Frederick Road  
City: Rockville  
State: MD  
Zip Code: 20855

Plan Administrator Information

Name: William K Andrakakos  
Address: 15525 Frederick Road  
City: Rockville  
State: MD  
Zip Code: 20855  
Phone: 3015178367  
Email: bill@hersons.net

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: Nonqualified Defined Benefit Plan for Herson's, Number of  
Inc. Employees: 1

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 12381. 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.