

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

Date Completed: 12/20/2023 1:31 PM EST

Confirmation Number: 12439  
Amended Confirmation Number: 12131

Employer Information

Name: Higgins Group, Inc.  
Address: 3919 S. West Street  
City: Witchita  
State: KS  
Zip Code: 67217

Plan Administrator Information

Name: Tara Jost  
Address: 3919 S. West Street  
City: Witchita  
State: KS  
Zip Code: 67217  
Phone: 3169424994  
Email: taraj@higginsgroupinc.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:	Higgins Group Executive NQ Plan	Number of Employees: 15
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Additional Information:

Update to include the comma after Higgins Group.



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 12439. 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.