

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

Date Completed: 5/7/2024 1:16 PM EST

Confirmation Number: 13162
Amended Confirmation Number:

Employer Information

Name: Sovita Credit Union
Address: 4411 Calkins Rd
City: Flint
State: MI
Zip Code: 48532

Plan Administrator Information

Name: Sovita Credit Union Board of Directors
Address: 4411 Calkins Rd
City: Flint
State: MI
Zip Code: 48532
Phone: 8107208300
Email: pwhite@sovitacu.org

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: | Jill Charlie Kruyer Supplemental Compensation Benefit Agreement dated May 1, 2024 | Number of Employees: 1 |
| ID:2 | Plan Name: | Daniel J. Fondren Supplemental Compensation Benefit Agreement dated May 1, 2024 | Number of 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 13162. 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.