

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

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Confirmation Number: 13842

Amended Confirmation Number:

Employer Information

Name: Curblin TRS LLC
Address: 320 Park Avenue
City: New York
State: NY
Zip Code: 10022

Plan Administrator Information

Name: Curblin TRS LLC / Attention Human Resources
Address: 3300 ENTERPRISE PKWY
City: BEACHWOOD
State: OH
Zip Code: 44122
Phone: 2167555573
Email: lparsons@curblin.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: Curblin Elective Deferred Compensation Plan Number of Employees: 37

Additional Information:

2 employees currently participate in the Curblin Elective Deferred Compensation 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 13842. 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.