

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

Date Completed: 10/23/2024 11:20 AM EST

Confirmation Number: 13862  
Amended Confirmation Number:

Employer Information

Name: South Carolina Wind and Hail Underwriting Association  
Address: 240 Stoneridge Dr. Suite 101  
City: Columbia  
State: SC  
Zip Code: 29210

Plan Administrator Information

Name: South Carolina Wind and Hail Underwriting Association  
Address: 240 Stoneridge Dr. Suite 101  
City: Columbia  
State: SC  
Zip Code: 29210  
Phone: 8037444319  
Email: smitty@scwind.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: | SC Wind and Hail Deferred Compensation Plan | Number of Employees: 5 |
|------|------------|---|------------------------|

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 13862. 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.