

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: 1388
Amended Confirmation Number: 1329

Employer Information

Name: Keystone Insurers Group
Address: 1995 Point Township Drive
City: Northumberland State: PA Zip Code: 17857

Plan Administrator Information

Name: Michael Azar, CFO
Address: 1995 Point Township Drive
City: Northumberland State: PA Zip Code: 17857
Phone: 5704734302
Email: mazar@keystoneinsgrp.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: 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 1388. 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.