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

Date Completed: 11/5/2024 10:24 AM EST

Confirmation Number: 13940
Amended Confirmation Number:

Employer Information

Name:	BFC Forms Service, Inc.
Address:	1051 N Kirk Rd
City:	Batavia
State:	IL
Zip Code:	60510

Plan Administrator Information

Name:	Matthew Novak
Address:	1051 N Kirk Rd
City:	Batavia
State:	IL
Zip Code:	60510
Phone:	6304543013
Email:	mnovak@bfc.imprivia.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:	BFC FORMS SERVICE INC NONQUALIFIED DEF COMP PLAN	Number of Employees: 94

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 13940. 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.