

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: 13987

Amended Confirmation Number:

Employer Information

Name: Miceli & Oldfield, Inc.
Address: 12250 DELTA DRIVE
City: Taylor
State: MI
Zip Code: 48180

Plan Administrator Information

Name: Miceli & Oldfield, Inc.
Address: 12250 DELTA DRIVE
City: Taylor
State: MI
Zip Code: 48180
Phone: 7349464500
Email: pmiceli@micelioldfield.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:	Peter Miceli Deferred Comp	Number of Employees: 1
ID:2	Plan Name:	Louis Miceli Deferred Comp	Number of Employees: 1

Additional Information:

2 plans executed on 10/15/2024



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 13987. 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.