

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

Date Completed: 12/26/2024 9:37 AM EST

Confirmation Number: 14208  
Amended Confirmation Number:

Employer Information

Name: Vallencourt Construction Co., Inc.  
Address: 449 Center St.  
City: Green Cove Springs  
State: FL  
Zip Code: 32043

Plan Administrator Information

Name: Vallencourt Construction Co., Inc.  
Address: 449 Center St.  
City: Green Cove Springs  
State: FL  
Zip Code: 32043  
Phone: 9042919330  
Email: kyleg@vallencourt.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:	VCC Nonqualified Deferred Compensation Plan	Number of Employees: 20
------	------------	---	-------------------------

Additional Information:

Effective Date: January 1, 2025 total eligible employees 20 total participating 0 (new enrollment)



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 14208. 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.