

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

Date Completed: 2/14/2025 5:00 PM EST

Confirmation Number: 14491

Amended Confirmation Number:

Employer Information

Name: Mutual of Enumclaw Insurance Company
Address: 1460 Wells Street
City: Enumclaw
State: WA
Zip Code: 98022

Plan Administrator Information

Name: Sandra Williams
Address: 1460 Wells Street
City: Enumclaw
State: WA
Zip Code: 98022
Phone: 3603677091
Email: swilliams@mutualofenumclaw.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: | Mutual of Enumclaw Insurance Co Deferred Compensation Plan | Number of Employees: 8 |
|------|------------|--|------------------------|

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 14491. 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.