

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

Date Completed: 11/19/2025 7:11 AM EST

Confirmation Number: 15674

Amended Confirmation Number:

Employer Information

Name: HBK Sorce Financial LLC  
Address: 6603 Summit Drive  
City: Canfield  
State: OH  
Zip Code: 44406

Plan Administrator Information

Name: Scott Cross  
Address: 2725 Colonial Avenue  
City: Erie  
State: PA  
Zip Code: 16506  
Phone: 8148365776  
Email: SCross@hbkswealth.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:	HBK Sorce Financial LLC Deferred Compensation Plan	Number of Employees: 3
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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 15674. 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.