

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

Date Completed: 12/3/2025 12:15 PM EST

Confirmation Number: 15731

Amended Confirmation Number:

Employer Information

Name: Hall Contracting of Kentucky, Inc.
Address: 3800 Crittenden Drive
City: Louisville
State: KY
Zip Code: 40209

Plan Administrator Information

Name: Chris S. Allen
Address: 3800 Crittenden Drive
City: Louisville
State: KY
Zip Code: 40209
Phone: 5029923722
Email: callen@hallky.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: Hall Contracting of KY, Inc. Non-Qualified Plan Number of
Employees: 2

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 15731. 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.