

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

Date Completed: 3/25/2026 8:34 AM EST

Confirmation Number: 16260

Amended Confirmation Number:

Employer Information

Name: Patrons Co-operative Fire Insurance Company d/b/a Co-operative Insurance Companies
Address: 292 Colonial Drive, PO Box 5890
City: Middlebury
State: VT
Zip Code: 05753

Plan Administrator Information

Name: Patrons Co-operative Fire Insurance Company d/b/a Co-operative Insurance Companies
Address: 292 Colonial Drive, PO Box 5890
City: Middlebury
State: VT
Zip Code: 05753
Phone: 8023851620
Email: glarrow@ciui.net

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: CIC Nonqualified Deferred Compensation Plan Number of Employees: 8

Additional Information:

Effective Date: January 1, 2026 # of total eligible for this NQ plan: 8 # currently participating in this plan: 8



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 16260. 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.