

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

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Confirmation Number: 2003

Amended Confirmation Number:

Employer Information

Name: WILDERNESS HOTEL AND RESORT INC
Address: 511 EAST ADAMS STREET
City: WISCONSIN DELLS State: WI Zip Code: 53965

Plan Administrator Information

Name: WILDERNESS HOTEL AND RESORT INC
Address: 511 EAST ADAMS STREET
City: WISCONSIN DELLS State: WI Zip Code: 53965
Phone: 6082545253
Email: tvanwie@wildernessresort.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:	DISABILITY AGREEMENT FOR THOMAS J LUCKE	Number of Employees: 1
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Additional Information:

DISABILITY AGREEMENT FOR THOMAS J LUCKE (AUGUST 18, 2016).



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 2003. 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.