

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: 2448

Amended Confirmation Number:

Employer Information

Name: Linde North America, Inc.  
Address: 200 Somerset Corporate Blvd; Suite 7000  
City: Bridgewater State: NJ Zip Code: 08807

Plan Administrator Information

Name: Susan Meyer - Head of Benefits/Linde North America, Inc.  
Address: 200 Somerset Corporate Blvd; Suite 7000  
City: Bridgewater State: NJ Zip Code: 08807  
Phone: 9084648100  
Email: susan.meyer@linde.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: Severance Security Plan	Number of Employees: 15
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Additional Information:

Linde Severance Security Plan is both a Welfare Benefit and Top Hat Plan effective March 1, 2017.



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 2448. 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.