

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

Date Completed: 5/1/2017 12:46 PM EST

Confirmation Number: 2536

Amended Confirmation Number:

Employer Information

Name: IMT INSURANCE COMPANY  
Address: 4445 CORPORATE DRIVE  
City: WEST DES State: IA Zip Code: 50266  
MOINES

Plan Administrator Information

Name: MARSHA ALDRIDGE  
Address: 4445 CORPORATE DRIVE  
City: WEST DES State: IA Zip Code: 50266  
MOINES  
Phone: 5153272833  
Email: marsha.aldridge@theimtgroup.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: NON QUALIFIED EXECUTIVE PLAN Number of  
Employees: 10

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 2536. 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.