

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: 2541

Amended Confirmation Number:

Employer Information

Name: Litchfield Historical Society
Address: 7 South Street P.O. Box 385
City: Litchfield State: CT Zip Code: 06759

Plan Administrator Information

Name: Michael J. Reardon Carmody Torrance Sandak & Hennessey LLP
Address: 50 Leavenworth St.
City: Waterbury State: CT Zip Code: 06702
Phone: 2035752612
Email: mreardon@carmodylaw.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:	Deferred Compensation Agreement for Litchfield Historical Society	Number of Employees: 1
ID:2	Plan Name:	457(b) Eligible Deferred Compensation Plan for Litchfield Historical Societyh	Number of Employees: 1

Additional Information:

Sponsor maintains a 457(b) and 457(f) plan for its executive director



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 2541. 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.