

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: 2844

Amended Confirmation Number: 2479

Employer Information

Name: The Benecon Group, Inc.  
Address: 201 East Oregon Road, Suite 100  
City: Lititz State: PA Zip Code: 17543

Plan Administrator Information

Name: The Benecon Group, Inc.  
Address: 201 East Oregon Road, Suite 100  
City: Lititz State: PA Zip Code: 17543  
Phone: 7177234600  
Email: JCALLIHAN@BENECON.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:	The Benecon Group Top Hat Plan 1	Number of Employees: 1
ID:2	Plan Name:	The Benecon Group Top Hat Plan 2	Number of Employees: 3

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 2844. 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.