

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: 2984

Amended Confirmation Number:

Employer Information

Name: Somerset Trust Company  
Address: 151 West Main Street  
City: Somerset State: PA Zip Code: 15501

Plan Administrator Information

Name: Somerset Trust Company  
Address: 151 West Main Street  
City: Somerset State: PA Zip Code: 15501  
Phone: 8144439349  
Email: hudak@somersettrust.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: Somerset Trust Company Non-qualified ESOP #2 Number of Employees: 9

ID:2 Plan Name: Somerset Trust Company Non-Qualified ESOP #3 Number of Employees: 6

Additional Information:

Number of employees will vary depending on those admitted to the plan and the ages of those in the plans.



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 2984. 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.