

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

Date Completed: 10/16/2017 5:18 PM EST

Confirmation Number: 2990

Amended Confirmation Number:

Employer Information

Name: Toyoda Gosei North America Corporation  
Address: 1400 Stephenson Highway  
City: Troy State: MI Zip Code: 48083

Plan Administrator Information

Name: Susan M. Pelkey  
Address: 1400 Stephenson Highway  
City: Troy State: MI Zip Code: 48083  
Phone: 2487862681  
Email: susan.pelkey@toyodagosei.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: 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 2990. 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.