

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

Date Completed: 2/23/2018 11:41 AM EST

Confirmation Number: 3490

Amended Confirmation Number:

Employer Information

Name: Kovatch Castings Inc.  
Address: 3743 Tabs Dr.  
City: Uniontown State: OH Zip Code: 44685

Plan Administrator Information

Name: Douglas Kovatch  
Address: 11033 Cottingham Cir. NW  
City: Uniontown State: OH Zip Code: 44685  
Phone: 3308969944  
Email: dkovatch@kovatchcastings.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: 2
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Additional Information:

Kovatch Castings Inc. maintains a plan for the primary purpose of providing deferred compensation for a select group of management employees. Number of plans one covering two employees.



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 3490. 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.