

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: 3553

Amended Confirmation Number:

Employer Information

Name: Hawaii Dental Service (HDS)
Address: 700 Bishop Street, Suite 700
City: Honolulu, HI 96813 State: HI Zip Code: 96813

Plan Administrator Information

Name: Jan M. Iga/Human Resources Department
Address: 700 Bishop Street, Suite 700
City: Honolulu State: HI Zip Code: 96813
Phone:
Email: jiga@hawaiidentalsservice.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:	Supplemental Executive Retirement Plan for Mark H. Yamakawa	Number of Employees: 1
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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 3553. 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.