

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

Date Completed: 4/5/2018 9:34 AM EST

Confirmation Number: 3625  
Amended Confirmation Number: 2732

Employer Information

Name: South State, Inc.  
Address: P.O. Box 68  
City: Bridgeton State: NJ Zip Code: 08302

Plan Administrator Information

Name: South State, Inc.  
Address: 202 Reeves Road  
City: Bridgeton State: NJ Zip Code: 08302  
Phone: 8564515300  
Email: asuppa@eosfs.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:	South State, Inc. Deferred Compensation Supplemental Executive Retirement Plan	Number of Employees: 9
ID:2	Plan Name:	South State, Inc. Supplemental Income Retirement Plan	Number of Employees: 1

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 3625. 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.