

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

Date Completed: 4/6/2018 11:20 AM EST

Confirmation Number: 3633

Amended Confirmation Number:

Employer Information

Name: Ahold USA, Inc.  
Address: 1385 Hancock Street  
City: Quincy State: MA Zip Code: 02169

Plan Administrator Information

Name: Ahold USA, Inc.  
Address: 1385 Hancock Street  
City: Quincy State: MA Zip Code: 02169  
Phone: 6177706551  
Email: Zoe.Wall@RetailBusinessServices.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: Ahold USA, LLC Nonqualified Plan	Number of Employees: 60
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Additional Information:

Eight affiliates of the employer currently participate in the plan.



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 3633. 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.