

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: 3659

Amended Confirmation Number:

Employer Information

Name: Signature Property Group, Inc.
Address: 305 Blandwood Avenue
City: Greensboro State: NC Zip Code: 27401

Plan Administrator Information

Name: Signature Property Group, Inc.
Address: 305 Blandwood Avenue
City: Greensboro State: NC Zip Code: 27401
Phone: 3362949199
Email: fauman@signaturepropertygroup.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:	Shadow Equity Bonus Award Agreement dated 01/01/2018 for Brian Wise	Number of Employees: 1
ID:2	Plan Name:	Shadow Equity Bonus Award Agreement dated 01/01/2018 for Donna Michele Liakos	Number of Employees: 1
ID:3	Plan Name:	Shadow Equity Bonus Award Agreement dated 01/01/2018 for Denon Williams	Number of Employees: 1
ID:4	Plan Name:	Shadow Equity Bonus Award Agreement dated 01/01/2018 for Michael DePopas	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 3659. 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.