

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

Date Completed: 5/29/2018 4:42 PM EST

Confirmation Number: 3827

Amended Confirmation Number:

Employer Information

Name: F&S PRODUCE CO., INC.  
Address: P.O. BOX 489  
City: ROSENHAYN State: NJ Zip Code: 08352

Plan Administrator Information

Name: LORI MADDALENA  
Address: P.O. BOX 489  
City: ROSENHAYN State: NJ Zip Code: 08352  
Phone: 8563917131  
Email: LMADDALENA@FRESHCUTPRODUCE.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:	NONQUALIFIED DEFERRED COMPENSATION PLAN	Number of Employees: 3
ID:2	Plan Name:	SPLIT DOLLAR LIFE INSURANCE PLAN	Number of Employees: 3

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 3827. 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.