

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: 3854

Amended Confirmation Number:

Employer Information

Name: Charter Manufacturing Company, Inc.
Address: 12121 Corporate Parkway, P.O. Box 217
City: Mequon State: WI Zip Code: 53092

Plan Administrator Information

Name: Donna Gibson, Director of Total Rewards - Charter Manufacturing Company, Inc.
Address: 12121 Corporate Parkway, P.O. Box 217
City: Mequon State: WI Zip Code: 53092
Phone: 2622434779
Email: gibsond@chartermfg.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:	Charter Manufacturing Company, Inc. Long-Term Incentive and Phantom Unit Plan	Number of Employees: 9
ID:2	Plan Name:	Charter Manufacturing Company, Inc. Voluntary Nonqualified Deferred Compensation and Restoration Plan	Number of Employees: 9

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 3854. 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.