

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

Date Completed: 9/25/2018 2:50 PM EST

Confirmation Number: 4197

Amended Confirmation Number:

Employer Information

Name: Hoffman Ford Sales, Inc.  
Address: 5147 Jonestown Road  
City: Harrisburg State: PA Zip Code: 17112

Plan Administrator Information

Name: Hoffman Ford Sales, Inc. c/o Marsha Hoy  
Address: 5147 Jonestown Road  
City: Harrisburg State: PA Zip Code: 17112  
Phone: 8888873591  
Email: marsha.hoy@hoffmanford.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: Deferred Compensation Plan	Number of Employees: 1
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Additional Information:

Hoffman Ford Sales, Inc., a Pennsylvania corporation, has adopted an unfunded plan of deferred compensation primarily for the purpose of providing deferred compensation for Earl B. Hoffman, Jr.



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 4197. 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.