

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

Date Completed: 10/23/2018 11:47 AM EST

Confirmation Number: 4285

Amended Confirmation Number:

Employer Information

Name: Schottenstein Stores Corporation

Address: 4300 East Fifth Ave.

City: Columbus State: OH Zip Code: 43219

Plan Administrator Information

Name: Schottenstein Stores Corporation

Address: 4300 East Fifth Ave.

City: Columbus State: OH Zip Code: 43219

Phone: 6144496982

Email: Audrey.Schainker@americansignature.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:	Schottenstein Stores Corporation Nonqualified Deferred Compensation Plan	Number of Employees: 70
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Additional Information:

effective date January1, 2019 total eligible 70 total participating 0



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 4285. 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.