

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

Date Completed: 12/21/2018 5:16 PM EST

Confirmation Number: 4539

Amended Confirmation Number:

**Employer Information**

Name: Star Die Molding, Inc.  
Address: 2741 Katherine Way  
City: Elk Grove Village State: IL Zip Code: 60007

**Plan Administrator Information**

Name: Star Die Molding, Inc  
Address: 2741 Katherine Way  
City: Elk Grove Grove State: IL Zip Code: 60007  
Village  
Phone: 8477667952  
Email: tmalak@stardie.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 Agreement	Number of Employees: 1
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**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 4539. 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.