

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

Date Completed: 5/24/2019 1:47 PM EST

Confirmation Number: 5126

Amended Confirmation Number:

Employer Information

Name: CENTRAL DISTRIBUTORS, INCORPORATED
Address: 1876 Lager Lane
City: Jackson State: TN Zip Code: 38301

Plan Administrator Information

Name: Michael R. McWherter
Address: P.O. Box 1762
City: Jackson State: TN Zip Code: 38302
Phone: 7314233676
Email: mrm@cdi-budweiser.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: Number of Employees: 1

Additional Information:

There is 1 employee participating in the Plan. A copy of the plan document will be furnished upon request.



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 5126. 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.