

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: 519

Amended Confirmation Number:

Employer Information

Name: LMI Aerospace, Inc.
Address: 411 Fountain Lakes Blvd.
City: St. Charles State: MO Zip Code: 63301

Plan Administrator Information

Name: Compensation Committee c/o Jennifer Alfaro
Address: 411 Fountain Lakes Blvd.
City: St. Charles State: MO Zip Code: 63301
Phone: 6369491518
Email: jalfaro@LMIAEROSPACE.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: LMI Aerospace, Inc. Non-Qualified Deferred Compensation Plan for Senior Executives and Outside Directors Number of Employees: 7

Additional Information:

At the time of this filing, 8 non-employee directors and 7 senior executive employees are eligible to participate in the Plan referenced above. Of these 15 individuals, only one director has elected to participate for the July 1-December 31, 2015 period. Participation may change in future Plan years (but it will always be limited to a select group of directors and/or management/highly compensated employees).



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 519. 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.