

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: 5307

Amended Confirmation Number:

Employer Information

Name: Insurance Services of San Francisco, Inc.
Address: 201 California Street, #200
City: San Francisco
State: CA
Zip Code: 94111

Plan Administrator Information

Name: T. J. Ryan
Address: 201 California St., #200
City: San Francisco
State: CA
Zip Code: 94111
Phone: 8434164953
Email: tjryan@isugroup.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:	ISU Deferred Compensation Plan	Number of Employees: 1
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Additional Information:

Non-Qualified Top Hat Plan



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 5307. 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.