

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

Date Completed: 12/2/2019 5:46 PM EST

Confirmation Number: 5846

Amended Confirmation Number:

Employer Information

Name: Joseph J. Albanese, Inc.
Address: P.O. Box 667
City: Santa Clara
State: CA
Zip Code: 95052

Plan Administrator Information

Name: Voya Financial
Address: 7633 Southfront Road, Ste. 120
City: Livermore
State: CA
Zip Code: 94551
Phone: 9252513445
Email: stephen.schwaderer@voya.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:	Joseph J. Albanese, Inc. Non Qualified Deferred Compensation Plan	Number of Employees: 3
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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 5846. 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.