

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

Date Completed: 3/5/2020 7:47 PM EST

Confirmation Number: 6357

Amended Confirmation Number:

Employer Information

Name: JM Family Enterprises, Inc.  
Address: 100 Jim Moran Blvd  
City: Deerfield Beach  
State: FL  
Zip Code: 33442

Plan Administrator Information

Name: JM Family Enterprises, Inc. Administrative Committee  
Address: 100 Jim Moran Blvd  
City: Deerfield Beach  
State: FL  
Zip Code: 33442  
Phone: 9544185250  
Email: Courtney.Turney@jmfamily.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:	JM Family Enterprises, Inc. 2008 Benefit Restoration Plan	Number of Employees: 77
ID:2	Plan Name:	JM Family Enterprises, Inc. 2005 Deferred Compensation Plan	Number of Employees: 77
ID:3	Plan Name:	JM Family Enterprises, Inc. 2012 Long-Term EVA Incentive Plan	Number of Employees: 77
ID:4	Plan Name:	JM FAMILY ENTERPRISES, INC. Survivor Benefit Plan	Number of Employees: 126

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 6357. 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.