

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

Date Completed: 9/16/2020 6:44 AM EST

Confirmation Number: 6949

Amended Confirmation Number:

Employer Information

Name: Hagerman Construction  
Address: 10315 Allisonville Road  
City: Fishers  
State: IN  
Zip Code: 46038

Plan Administrator Information

Name: Jeff Hagerman/Chariman  
Address: 10315 Allisonville Road  
City: Fishers  
State: IN  
Zip Code: 46038  
Phone: 3175776836  
Email: jhagerman@hagermangc.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:	Hagerman Long Term Incentive Plan	Number of Employees: 5
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Additional Information:

The Plan was signed on May 20, 2020



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 6949. 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.