

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

Date Completed: 8/27/2021 1:15 PM EST

Confirmation Number: 8559

Amended Confirmation Number:

Employer Information

Name: The Home City Ice Company
Address: 6045 Bridgetown Road
City: Cincinnati
State: OH
Zip Code: 45248

Plan Administrator Information

Name: The Home City Ice Company
Address: 6045 Bridgetown Road
City: Cincinnati
State: OH
Zip Code: 45248
Phone: 5135741800
Email: jstautberg@HomeCityIce.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:	The Home City Ice Company 2021 Deferred Compensation Plan for Key Employees	Number of Employees: 1
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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 8559. 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.