

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

Date Completed: 12/3/2021 11:48 AM EST

Confirmation Number: 9012

Amended Confirmation Number:

Employer Information

Name: Simantel Group LTD
Address: 321 SW Water Street
City: Peoria
State: IL
Zip Code: 61602

Plan Administrator Information

Name: Simantel Group LTD
Address: 321 SW Water Street
City: Peoria
State: IL
Zip Code: 61602
Phone: 3096747747
Email: jillianl@simantel.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:	Leadership Plan	Number of Employees: 0
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Additional Information:

effective date 01/01/2022 total eligible employees 0 (undecided until 2023) total participating employees 0 (new 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 9012. 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.