

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

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Confirmation Number: 9385

Amended Confirmation Number:

Employer Information

Name: Cooperativa de Seguros Múltiples de Puerto Rico  
Address: PO Box 363846  
City: San Juan  
State: PR  
Zip Code: 00936

Plan Administrator Information

Name: Cooperativa de Seguros Múltiples de Puerto Rico  
Address: PO Box 363846  
City: San Juan  
State: PR  
Zip Code: 00936  
Phone: 7877588585  
Email: lrincon@seguros multiples.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: Plan de Pensiones Suplementario para Ciertos Number of  
Ejecutivos Employees: 16

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 9385. 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.