

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

Date Completed: 4/5/2022 2:33 PM EST

Confirmation Number: 9674

Amended Confirmation Number:

Employer Information

Name: Core Specialty Insurance Services, Inc.
Address: 201 East Fifth Street, Suite 1200
City: Cincinnati
State: OH
Zip Code: 45202

Plan Administrator Information

Name: The Board of Directors of Core Specialty Insurance Services, Inc.
Address: 201 East Fifth Street, Suite 1200
City: Cincinnati
State: OH
Zip Code: 45202
Phone: 9177046008
Email: robert.kuzloski@corespecialty.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: CORE SPECIALTY INSURANCE SERVICES, Number of
INC. EXECUTIVE NON-QUALIFIED EXCESS Employees: 6
PLAN

Additional Information:

NA



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 9674. 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.