

2520140933808



**HARTFORD
STAGE**

50 Church Street
Hartford, CT 06103
P: 860-525-5601
F: 860-244-0183
Box Office 860-527-5151
www.hartfordstage.org

May 6, 2014

U.S. Department of Labor
Employee Benefits Security Administration
Top- Hat Plan Exemption
200 Constitution Ave., NW, N-1513
Washington, DC 20210

To Whom it May Concern,

Enclosed are your fully executed copy of the ERISA Reporting and Disclosure Statement.

Please do not hesitate to contact me at (860)-520-7106 if you have any questions.

Regards,

Emily Van Scoy
General Manager

Enclosure (2)

2014 MAY 12 PM 3:13

TOP-HAT PLAN EXEMPTION STATEMENT

The attached statement must be filed within 120 days after the plan is adopted (D.O.L. Reg. Sec. 2520.104-23(b)(2)). If you fail to comply with this requirement, the plan must distribute and file a Summary Plan Description and must meet other applicable reporting and disclosure requirements. You will need to review the statement for accuracy, fill in the number of employees covered under the plan and the adoption date, sign and date the statement, and finally, mail the statement to:

U.S. Department of Labor
Employee Benefits Security Administration
Top-Hat Plan Exemption
200 Constitution Ave, NW, N-1513
Washington, DC 20210

HARTFORD STAGE COMPANY, INC. 457(B) TAX EXEMPT PLAN

TOP-HAT PLAN EXEMPTION STATEMENT

U.S. Department of Labor
Employee Benefits Security Administration
Top-Hat Plan Exemption
200 Constitution Ave., NW, N-1513
Washington, D.C. 20210

Re: ERISA REPORTING AND DISCLOSURE STATEMENT

To the Secretary of Labor:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Title I, Part 1, as provided for an unfunded or insured pension plan for a select group of management or highly compensated employees in D.O.L. Reg. Sec. 2520.104-23, the following information is provided by the undersigned plan administrator:

The name of the Employer is: Hartford Stage Company, Inc.

The Employer's mailing address is: 50 Church Street

Hartford, Connecticut ~~06105~~ 06103 ja

The Employer's federal identification number (EIN) is: 06-0790484

The plans of employer and the number of participants covered in each plan is:

Plan Name: Hartford Stage Company, Inc. 457(b) Tax Exempt Plan

Plan Effective Date: July 1, 2013

Plan Adoption Date: April 16, 2014

Number of Participants: 2
(specify plan, effective date and number of employees covered)

The above-named employer maintains this plan primarily for the purpose of providing nonqualified deferred compensation benefits to a select group of management or highly compensated employees. The employer will provide a copy of the agreement to the Secretary of Labor upon request.

Employer: Hartford Stage Company, Inc.

By: *[Signature]*

Date: 4/16/14



**HARTFORD
STAGE**

50 Church Street
Hartford, CT 06103
Box Office 860-527-5151
www.hartfordstage.org



Hastler

05/06/2014

US POSTAGE

\$00.48



789 06100

011011626207

U.S. Department of Labor
Employee Benefits Security Administration
Top-Hat Plan Exemption
200 Constitution Ave., NW, N-1513
Washington, DC 20210

20210

