

2520153420099

TOP HAT PLAN STATEMENT

Pursuant to 29 C.F.R. § 2520.104-23, the undersigned employer makes the following statement:

1. Employer Name and Address:

First Laurel Security Co.
P.O. Box 278
Laurel, NE 68745


2. Employer Identification No.: 47-0560288

3. The Employer maintains a plan or plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

4. The number of plans that the employer maintains is 1 and the number of employees participating in the Plan is 4.

FIRST LAUREL SECURITY CO.

Date: 10-1-15

By: 
(Name and Title) SECRETARY/TREAS.

CLINE WILLIAMS
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October 26, 2015

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

**Via Certified Mail –
Return Receipt Requested**

Re: Employer: First Laurel Security Co.
Employer Identification No.: 47-0560288

Dear Sir or Madam:

We enclose for filing the Top Hat Plan Statement for the employer described above. Please contact me between the hours of 8:00 a.m. and 5:00 p.m., Central Time, if you wish to discuss this or need further information.

Very truly yours,



Keith T. Peters
For the Firm

Enclosure
cc: Susan Koranda (via email)

4832-7413-0218, v. 1

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