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EBSA/PUBLIC DISCLOSURE
2016 MAR 24 AM 4:19

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

Dear Sir / Madam,

Please accept this letter as a registration statement for our non-qualified deferred compensation Plan.

Employer Name: Sentinel Benefits and Financial Group
Address: 100 Quannapowitt Parkway, Suite 300, Wakefield, MA 01880
Employer EIN: 04-3015875

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

Number of Plans: 1
Name of Plan: Sentinel Benefits & Financial Group Nonqualified Deferred Compensation Plan
Number of Employees in Plan(s): 2

Sincerely,



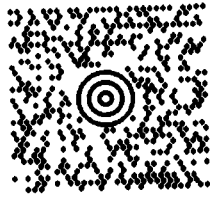
Lisa L. Jones
VP, ERISA Consulting Group

JOHN SILVIO
(781) 914-1236
SENTINEL BENEFITS GROUP
100 QUANNAPOWITT PARKWAY
WAKEFIELD MA 01880-1319

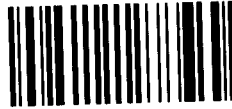
LTR

1 OF 1

SHIP TO:
EMPLOYEE BENEDITS SECURITY ADMINIST
U S DEPARTMENT OF LABOR
TOP-HAT PLAN EXEMPTION
200 CONSTITUTION AVE NW, N-1513
WASHINGTON DC 20210



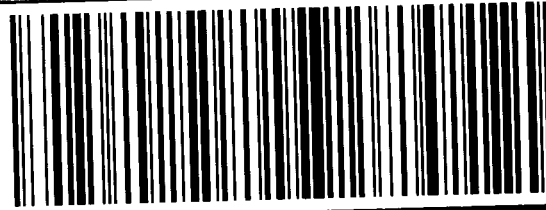
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