



3150 Buckingham Road  
Endwell, New York 13760 / 607 754-6464  
FAX 607 754-5777  
"An Employee Owned Company"  
10 Kids Lane  
Castleton, New York 12033 / 518 766-9360  
FAX 518 766-9365

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2016 OCT 25 PM 2:03

September 28, 2016

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

**Re: Southern Tier Insulation Distributors, Inc. 2016 Supplemental Retirement Plan**

Ladies and Gentlemen:

Pursuant to the provisions of Department of Labor Regulations at 29 C.F.R. Section 2520.104-23, you are hereby notified that the employer named in item (1) below (the "Company") maintains a plan or plans (as identified in item (2) below) primarily for the purpose of providing deferred compensation to a select group of management or highly compensated employees. Item (3) below sets forth the approximate number of participants in each plan as of the date of this letter. Item (4) below sets forth the total number of such plans the Company maintains and the approximate number of persons eligible to participant in these plans established primarily for the purpose of providing deferred compensation for a select group of management and highly compensated employees.

- Item (1): Southern Tier Insulation Distributors, Inc.  
3150 Buckingham Rd  
Endwell, NY 13760  
Employer Identification Number: 16-1102760
- Item (2): Southern Tier Insulation Distributors, Inc. 2016 Supplemental Retirement Plan
- Item (3): Number of Participants in the Plan to which this notification applies: 3
- Item (4): We currently maintain 1 such plan, the plan for which this notice is filed. The total number of employees eligible to participate under this plan is 3.

We will be happy to provide a copy of the plan documents for this plan to the Secretary of Labor upon request.



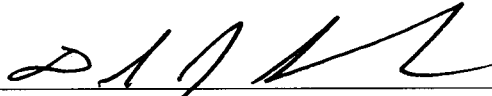
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Kindly acknowledge receipt of this filing by signing and returning to the sender the copy of this letter enclosed herewith for acknowledgment purposes. A stamped, self-addressed envelope is also enclosed for your convenience.

Very truly yours,

**SOUTHERN TIER INSULATION  
DISTRIBUTORS, INC.**

as Plan Administrator

by: 

Daniel J. Serbonich  
President

**RECEIVED:**

EMPLOYEE BENEFITS SECURITY ADMINISTRATION

by: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**CERTIFIED MAIL**



7015 0640 0005 7968 4079

**Howard & Kattell** LLP  
ATTORNEYS

Exchange Street  
P.O. Box 5250  
Monticello, NY 13902-5250

EBSA/PUBLIC LOSURE  
2016 OCT 26 PM 2:03

via Certified Mail, Return Receipt Requested

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Employee Benefits Security Administration  
Top Hat Plan Exemption  
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Washington, DC 20210