

EBSA/PUBLIC DISCLOSURE

2017 FEB 13 PM 3:42

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Top Hat Plan Statements Online Filing System

All fields required except as indicated by an asterisk (*).

OMB Control Number 1210-0153 (expires 12/31/2017)

Amended Filing Information

Check if this is an amended filing

Employer Information

EIN	<input type="text" value="390883364"/>
Name	<input type="text" value="Elkhart Lake's Road America Inc."/>
Address	<input type="text" value="N7390 Hwy 67"/>
City	<input type="text" value="Elkhart Lake"/>
State	<input type="text" value="WI"/> <input type="button" value="v"/>
Zip Code	<input type="text" value="53020"/>

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

I agree

Plan Administrator Information

Name/Office	<input type="text" value="Elkhart Lake's Road America Inc."/>
Address	<input type="text" value="N7390 Hwy 67"/>
City	<input type="text" value="Elkhart Lake"/>
State	<input type="text" value="WI"/> <input type="button" value="v"/>
Zip Code	<input type="text" value="53020"/>
Email	<input type="text" value="george@roadamerica.com"/>
* Telephone	<input type="text"/>

Plan Information

Input the total number of plans and click Submit.

Number of Plans

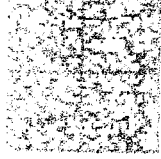
Additional Information(optional, up to 5000 characters)

5000 characters remaining



Schenck SC
200 E. Washington Street
PO Box 1739
Appleton, WI 54912-1739

PREVIOUS
PAGE PLEASE



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

BARXKPB 20210

