

2520172650035

**REPORTING AND DISCLOSURE STATEMENT**

**TOP HAT PLAN (DOL REG. §2520.104-23)**

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Name and Address of Employer: *C&S Insurance Agency, Inc.  
190 Chauncy Street  
Mansfield, MA 02048*

EIN of Employer: *04-3175616*

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

Name of Plan: *C&S Insurance Nonqualified Plan*

Date of Adoption of Plan: *August 4, 2017*

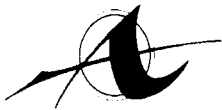
Number of Plans: *One (1)*

Number of Members of Plan: *One (1)*

**C&S INSURANCE AGENCY, INC.**

By: 

Dated: *8/4/17*



A N G E L L

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August 4, 2017

The ANGELL Pension Group, Inc.  
Actuaries, Consultants, and Administrators for Employee Benefit Plans  
88 Boyd Avenue  
East Providence, Rhode Island 02914  
Tel: 401.438.9250 Fax: 401.438.7278  
[info@angellpensiongroup.com](mailto:info@angellpensiongroup.com)  
[www.angellpensiongroup.com](http://www.angellpensiongroup.com)

**CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

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

***Re: C&S Insurance Nonqualified Plan***

Dear Sir/Madam:

Enclosed for filing is the Disclosure Statement for the C&S Insurance Nonqualified Plan to meet the alternative method of compliance with the reporting and disclosure requirements of Part I of Title I of ERISA for top-hat plans pursuant to DOL Reg. Section 2520.104-23.

Very truly yours,

A handwritten signature in black ink that reads "Peter L. Karlson".

Peter L. Karlson, J.D., LL.M.

PLK/jjb  
TOPHAT DOL LTR.DOC/14610-02

Enclosure

cc: Ben Cavallo, *C&S Insurance Agency, Inc.*  
Joseph J. Borin, CPC, QPA, QKA, *The Angell Pension Group, Inc.*



The ANGELL Pension Group, Inc.  
 88 Boyd Avenue  
 East Providence, Rhode Island 02914



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