

REPORTING AND DISCLOSURE STATEMENT

TOP HAT PLAN (DOL REG. §2520.104-23)

Name and Address of Employer:

*Amego, Inc.
33 Perry Avenue
Attleboro, MA 02703*

2520183370052

EIN of Employer:

23-7131690

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

Name of Plan:

Amego, Inc. 457(f) Nonqualified Plan

Date of Adoption of Plan:

January 1st, 2018

Number of Plans:

One (1)

Number of Members of Plan:

Six (6)

AMEGO, INC.

By: _____

Kevin Johnson

Dated: _____

10/24/13



EBSA/PUBLIC DISCLOSURE
2018 NOV -6 PM 12:06

A N G E L L

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
www.angellpensiongroup.com

October 24, 2018

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: *Amego, Inc. 457(f) Nonqualified Plan*

Dear Sir/Madam:

Enclosed for filing is the Disclosure Statement for the Amego, Inc. 457(f) 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,

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

PLK/jjb
TOPHAT DOL LTR.DOC/13098-05

Enclosure

cc: Kevin Johnson, *Amego, 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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