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ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR  
[A] NONQUALIFIED DEFERRED COMPENSATION PLAN[S]

To: Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N-5644  
US Department of Labor  
200 Constitution Avenue NW  
Washington, DC 20210

2520190450097

In accordance with 29 CFR Section 2520.104-23 of the Department of Labor Regulations, which provides an alternative method for complying with the reporting and disclosure requirements of Part 1 of Title I of the Employee Retirement Income Security Act of 1974, you are hereby notified that the Employer identified below maintains the Plan[s] identified below for the purpose of providing deferred compensation for a select group of management or highly compensated employees, and that all benefits provided by [this Plan] [these Plans] are paid as needed solely from the general assets of that Employer.

Employer's Name: BRIDGEHAVEN, INC.


Employer's Address: 950 SOUTH 1<sup>ST</sup> STREET  
LOUISVILLE, KY 40203

Employer Identification Number: 61-0548949.

457 (b) Eligible Deferred Compensation Plan, which covers 7 Participants.

Total Number of Plans: 1

Employer's Name: BRIDGEHAVEN, INC. Plan Administrator of the Plans Specified Above

By: 

Date: 1/18, 2019



950 South First Street  
Louisville, KY 40203



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