



**WICKENS
HERZER
PANZA**

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March 11, 2024

VIA CERTIFIED MAIL NO. 9171969009350232720230
RETURN RECEIPT REQUESTED!

2520241200012

United States Department of Labor
Employee Benefits Security Administration
Top-Hat Plan Exemption
200 Constitution Avenue, NW
Washington, D.C. 20210-0001

RE: Stow Dental Group
EIN: 34-1039197

Dear Madam or Sir:

I am writing on behalf of our client, Stow Dental Group—Drs. Iati, Schlosser & Thompson, Inc. (fka Stow Dental Group—Drs. Iati, Schlosser, Schikowski & Thompson, Inc.). Drs. Iati, Schlosser, and Schikowski entered into Deferred Compensation Plans with Stow Dental Group in June 1999. A Top-Hat Plan Statement was filed with the Department of Labor in June 1999. Effective on February 19, 2024, Dr. Schikowski retired and his Deferred Compensation Plan was terminated.

We attempted to file an Amended Top-Hat Plan Statement online with the Department of Labor to reflect the termination of Dr. Schikowski's Deferred Compensation Plan. The online form requires the Confirmation Number for the prior filing which we do not have in our file. We made several phone calls and sent several emails to the Department of Labor, but were not provided information regarding where or how to locate the Confirmation Number.

We have, therefore, enclosed an Amended Top Hat Plan Statement for filing as we are unable to complete the online form without the Confirmation Number. Please update your records accordingly to reflect that Dr. Eric Schikowski's Deferred Compensation Plan has been terminated effective February 19, 2024.

If you have any questions or comments concerning this matter, please contact me.

Very truly yours,

WICKENS HERZER PANZA

By  Daniel C. Urban

DCU/mgm
Enclosure

0953-001\2866001.docx

Top Hat Plan Statements Online Filing System

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

OMB Control Number 1210-0153 (expires 02/28/2022)

Corrections are required within the form:

Invalid prior confirmation number.

Amended Filing Information

Check if this is an amended filing



Prior Confirmation Number

Invalid prior confirmation number.

Employer Information

EIN

Name

Mailing Address

U.S.

Foreign

Address

City

State

OH



Zip Code

44224

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

Stow Dental Group -- Drs. Iati, Schlosser & Thompson, Inc.

Mailing Address

U.S.

Foreign

Address

3506 Darrow Road

City

Stow

State

OH



Zip Code

44224

Email

mmccarty@wickenslaw.com

*** Telephone**

Empty text input field for telephone number

Plan Information

Input the total number of plans and click Submit.

Number of Plans

1

Submit

Plan Name (optional)

Number of Employees

Amended and Restated Deferred Compensa

1

Additional Information

(optional, up to 5000 characters)

4839 characters remaining

The Amended and Restated Deferred Compensation Agreement between Stow Dental Group and Eric S. Schikowski, D.D.S. has been terminated effective February 19, 2024

When you have completed the required information above click Review.

Review

Reset

[Return to Instructions \(https://www.dol.gov/agencies/ebsa/employers-and-](https://www.dol.gov/agencies/ebsa/employers-and-advisers/plan-administration-and-compliance/reporting-and-filing/e-file/tophat-plan-filing-instructions)

[advisers/plan-administration-and-compliance/reporting-and-filing/e-file/tophat-plan-filing-instructions\)](https://www.dol.gov/agencies/ebsa/employers-and-advisers/plan-administration-and-compliance/reporting-and-filing/e-file/tophat-plan-filing-instructions)

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Avon, Ohio 44011-1262

UNITED STATES DEPARTMENT OF LABOR
EMPLOYEE BENEFITS SECURITY
ADMINISTRATION
TOP-HAT PLAN EXEMPTION
200 CONSTITUTION AVENUE, NW
WASHINGTON, D.C. 20210-0001

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