

**SUMMARY ANNUAL REPORT**  
**for**  
**EAGLE HARDWOODS - BENEFITS EAGLE HARDWOODS - DENTAL**

This is a summary of the annual report for EAGLE HARDWOODS - BENEFITS EAGLE HARDWOODS - DENTAL, 61-1271441/503 Dental and Vision for 01/01/2018 through 12/31/2018. The annual report has been filed with the Employee Benefits Security Administration, formerly known as the Pension and Welfare Benefits Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

EAGLE HARDWOODS, INC. has committed itself to pay certain ( Dental and Vision) claims incurred under the terms of the plan.

The plan has contract(s) with DELTA DENTAL OF KENTUCKY to pay certain ( Dental and Vision) claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2018 were \$61,221.

Because it is a so-called experience-rated contract(s), the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending 12/31/2018, the premiums paid under such experience-rated contract(s) were \$61,221, and the total of all benefit claims paid under the(se) experience-rated contract(s) during the plan year was \$0.

*Your Rights to Additional Information*

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- I. Insurance information including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the office of EAGLE HARDWOODS, INC., who is Plan Administrator at P.O. BOX 1361, SOMERSET KY 42502-1361, (606) 678-2842. The charge to cover copying cost will be \$1.00 for the full annual report, or \$0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, if any, or a statement of income and expenses of the plan and accompanying notes, if any, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes, if any, will be included as part of that report. The charge to cover copying costs given above does not include a charge for copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan at P.O. BOX 1361, SOMERSET KY 42502-1361 and at the US Department of Labor in Washington DC, or obtain a copy from the US Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1515, Employee Benefits Security Administration, US Department of Labor, 200 Constitution Avenue, NW, Washington DC 20210.