

**SUMMARY ANNUAL REPORT FOR  
ROSE CASUAL DINING LP**

This is a summary of the annual report of the ROSE CASUAL DINING LP, a health, life insurance, dental, vision and temporary disability plan (Employer Identification Number 23-2860937, Plan Number 504), for the plan year 01/01/2017 through 12/31/2017. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

**Insurance Information**

The plan has an insurance contract with AETNA LIFE INSURANCE COMPANY to pay certain Health, Dental, Vision, Life insurance, Temporary disability, Indemnity Contract claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2017 were \$30,551.

**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:

1. 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 plan administrator, at 29 FRIENDS LANE, NEWTOWN, PA 18940 and phone number, 215-579-9220. The charge to cover copying costs will be \$1.75 for the full annual report, or \$0.25 per page for any part thereof.

You also have the legally protected right to examine the annual report at the main office of the plan: 29 FRIENDS LANE, NEWTOWN, PA 18940, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.