

Information submitted via Top Hat Plan Statement Online Filing System to U. S.  
Department of Labor under 29 CFR 2520.104-23

Date Completed: 12/2/2022 10:49 AM EST

Confirmation Number: 10745  
Amended Confirmation Number: 10744

Employer Information

Name: Health Care Logistics Inc  
Address: 450 E. Town Street, PO Box 25  
City: Circleville  
State: OH  
Zip Code: 43113

Plan Administrator Information

Name: Todd M Hole  
Address: 450 East Town Street, PO Box 25  
City: Circleville  
State: OH  
Zip Code: 43113  
Phone: 7404773755  
Email: thole@gohcl.com

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	Health Care Logistics, Inc. Nonqualified Deferred Compensation Plan	Number of Employees: 8
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Additional Information:



U. S. Department of Labor  
Employee Benefits Security Administration  
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 10745. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.