

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

Date Completed: 12/14/2022 12:34 PM EST

Confirmation Number: 10809

Amended Confirmation Number:

Employer Information

Name: St. Louis Integrated Health Network  
Address: 1520 Market Street, Suite 4034  
City: St. Louis  
State: MO  
Zip Code: 63103

Plan Administrator Information

Name: St. Louis Integrated Health Network  
Address: 1520 Market Street, Suite 4034  
City: St. Louis  
State: MO  
Zip Code: 63103  
Phone: 3142651500  
Email: Aclabon@carestlhealth.org

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: St. Louis IHN Deferred Compensation Plan for Number of  
Andwele Jolly Employees: 1

Additional Information:

Payment made through EFAST today.



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 10809. 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.