

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

Date Completed: 11/28/2023 4:40 PM EST

Confirmation Number: 12338

Amended Confirmation Number:

Employer Information

Name: Kansas Heart Hospital LLC  
Address: 3601 North Webb Road  
City: Wichita  
State: KS  
Zip Code: 67226

Plan Administrator Information

Name: Kansas Heart Hospital LLC  
Address: 3601 North Webb Road  
City: Wichita  
State: KS  
Zip Code: 67226  
Phone: 3166305075  
Email: cdolan@kansasheart.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:	2024 Kansas Heart Hospital, LLC Incentive Compensation Plan	Number of Employees: 13
ID:2	Plan Name:	2021 Kansas Heart Hospital, LLC Incentive Compensation Plan	Number of Employees: 11

Additional Information:

Protective filing



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 12338. 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.