

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

Date Completed: 4/28/2016 2:22 PM EST

Confirmation Number: 1312

Amended Confirmation Number:

**Employer Information**

Name: Ella E.M. Brown Charitable Circle d/b/a Oaklawn Hospital  
Address: 200 N. Madison  
City: Marshall State: MI Zip Code: 49068

**Plan Administrator Information**

Name: Marta Ross, Director Human Resources  
Address: Oaklawn Hospital, 200 N. Madison  
City: Marshall State: MI Zip Code: 49068  
Phone: 2697898974  
Email: MRoss@oaklawnhospital.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:	Oaklawn Hospital Supplemental Executive Retirement Plan	Number of Employees: 1
ID:2	Plan Name:	Oaklawn Hospital 457(b) Eligible Deferred Compensation Plan	Number of Employees: 2
ID:3	Plan Name:	Oaklawn Hospital 457(f) Deferred Compensation Plan	Number of Employees: 4

**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 1312. 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.