

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

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Confirmation Number: 13365

Amended Confirmation Number:

Employer Information

Name: Northern Arizona Healthcare Corporation
Address: 1200 North Beaver Street
City: Flagstaff
State: AZ
Zip Code: 86001

Plan Administrator Information

Name: Northern Arizona Healthcare Corporation
Address: 1200 North Beaver Street
City: Flagstaff
State: AZ
Zip Code: 86001
Phone: 9287732422
Email: Dan.Deaton@nahealth.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: | NAH COO SERP For Robert Cofield | Number of Employees: 1 |
| ID:2 | Plan Name: | NAH CEO SERP For David Cheney | Number of Employees: 1 |

Additional Information:

NAH COO SERP For Robert Cofield NAH CEO SERP For David Cheney



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 13365. 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.