

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

Date Completed: 10/23/2024 12:01 PM EST

Confirmation Number: 13864  
Amended Confirmation Number:

Employer Information

Name: Meridian Health Services Corp.  
Address: 240 N. Tillotson Ave.  
City: Muncie  
State: IN  
Zip Code: 47304

Plan Administrator Information

Name: Scott B Riggs  
Address: 240 N. Tillotson Ave.  
City: Muncie  
State: IN  
Zip Code: 47304  
Phone: 7652881928  
Email: scott.riggs@meridianhs.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:	Meridian Health Services Corp. 457(b) Retirement Plan	Number of Employees: 16
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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 13864. 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.