

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

Date Completed: 10/29/2024 10:10 AM EST

Confirmation Number: 13902
Amended Confirmation Number: 13901

Employer Information

Name: Hospice of the Panhandle, Inc.
Address: 330 Hospice Lane
City: Kearneysville
State: WV
Zip Code: 25430

Plan Administrator Information

Name: Nikki Bigiarelli
Address: 330 Hospice Lane
City: Kearneysville
State: WV
Zip Code: 25430
Phone: 3042640406
Email: NBigiarelli@hospiceotp.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:	Hospice of the Panhandle 457(b) Plan	Number of Employees: 6
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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 13902. 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.