

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

Date Completed: 6/9/2016 2:59 PM EST

Confirmation Number: 1445  
Amended Confirmation Number: 1444

Employer Information

Name: North Mississippi Health Services  
Address: 830 South Gloster Street  
City: Tupelo State: MS Zip Code: 38801

Plan Administrator Information

Name: Laura Land/NMHS Corporate Offices  
Address: 830 South Gloster Street  
City: Tupelo State: MS Zip Code: 38801  
Phone: 6623773056  
Email: lmland@nmhs.net

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:	North Mississippi Health Services, Inc. Supplemental Executive Retirement 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 1445. 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.