

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

Date Completed: 2/14/2025 9:21 AM EST

Confirmation Number: 14489

Amended Confirmation Number:

Employer Information

Name: Norton Healthcare, Inc.
Address: 9500 Ormsby Station Rd, Suite 101
City: Louisville
State: KY
Zip Code: 40223

Plan Administrator Information

Name: System Director, Total Rewards
Address: 9500 Ormsby Station Rd, Suite 101
City: Louisville
State: KY
Zip Code: 40223
Phone: 5024465802
Email: Kim.McKendrick@nortonhealthcare.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:	Retention Incentive Plan	Number of Employees: 1
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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 14489. 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.