

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: 15011

Amended Confirmation Number:

Employer Information

Name: Southern Illinois Hospital Services  
Address: 1239 East Main Street  
City: Carbondale  
State: IL  
Zip Code: 62901

Plan Administrator Information

Name: Southern Illinois Hospital Services, c/o Julie Neubig  
Address: 1239 East Main Street  
City: Carbondale  
State: IL  
Zip Code: 62901  
Phone: 6184575200  
Email: julie.neubig@sih.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: | SIH 457(b) Plan | Number of<br>Employees: 19 |
|------|------------|-----------------|----------------------------|

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 15011. 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.