

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

Date Completed: 6/17/2025 8:34 AM EST

Confirmation Number: 15024
Amended Confirmation Number:

Employer Information

Name: Peterson Regional Medical Center
Address: 551 Hill Country Drive
City: Kerrville
State: TX
Zip Code: 78028

Plan Administrator Information

Name: Peterson Regional Medical Center
Address: 551 Hill Country Drive
City: Kerrville
State: TX
Zip Code: 78028
Phone: 8302587722
Email: lmedovich@petersonhealth.com

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: PRMC 457(f) Plan	Number of Employees: 9
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Additional Information:

effective date July 1, 2025 eligible employees 9 participating employees 0 (new plan/enrollment)



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 15024. 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.