

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

Date Completed: 10/6/2025 10:47 AM EST

Confirmation Number: 15448

Amended Confirmation Number:

Employer Information

Name: Vernon Memorial Healthcare
Address: 507 S. Main Street
City: Viroqua
State: WI
Zip Code: 54665

Plan Administrator Information

Name: Vernon Memorial Healthcare
Address: 507 S. Main Street
City: Viroqua
State: WI
Zip Code: 54665
Phone: 6086374380
Email: aevenstad@vmh.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:	Vernon Memorial Healthcare Inc. Supplemental Executive Retirement Plan	Number of Employees: 1
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Additional Information:

This plan is intended to be a Code Section 457(f) deferred compensation plan.



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 15448. 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.