

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: 15821

Amended Confirmation Number:

Employer Information

Name: Blanchard Valley Health System
Address: 1900 South Main Street
City: Findlay
State: OH
Zip Code: 45840

Plan Administrator Information

Name: Ryan Fisher / Human Resources Department
Address: 1900 South Main Street
City: Findlay
State: OH
Zip Code: 45840
Phone: 4194297665
Email: rfisher@bvhealthsystem.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: Blanchard Valley Health System Supplemental Number of
Executive Retirement Plan Employees: 7

Additional Information:

Above named plan replaces previous plan with the following plan name: Blanchard Valley Health System Section 457(f) Deferred Compensation Plan II



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 15821. 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.