

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

Date Completed: 2/25/2026 12:09 PM EST

Confirmation Number: 16121

Amended Confirmation Number:

Employer Information

Name: Ridgeview Medical Center  
Address: 500 S. Maple Street  
City: Waconia  
State: MN  
Zip Code: 55387

Plan Administrator Information

Name: Ridgeview Medical Center  
Address: 500 S. Maple Street  
City: Waconia  
State: MN  
Zip Code: 55387  
Phone: 9527775069  
Email: lisa.schwartz@ridgeviewmedical.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: Ridgeview SERP	Number of Employees: 7
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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 16121. 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.