

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

Date Completed: 3/2/2026 11:45 AM EST

Confirmation Number: 16143

Amended Confirmation Number:

Employer Information

Name: Butler County Community Health Consortium, Inc. dba Primary Health Solutions, Inc.  
Address: 300 High Street 4th Floor  
City: Hamilton  
State: OH  
Zip Code: 45011

Plan Administrator Information

Name: Pension Corporation of America  
Address: 2133 Luray Ave  
City: Cincinnati  
State: OH  
Zip Code: 45206  
Phone: 5137194153  
Email: jberding@pencorp.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:	Butler County Community Health Consortium, Inc. 457F Plan	Number of Employees: 2
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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 16143. 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.