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

Date Completed: 8/27/2026 4:44 PM EST

Confirmation Number: 16927
Amended Confirmation Number:

Employer Information

Name:	Hospice Savannah Inc.
Address:	1352 Eisenhower Drive
City:	Savannah
State:	GA
Zip Code:	31406

Plan Administrator Information

Name:	Hospice Savannah Inc.
Address:	1352 Eisenhower Drive
City:	Savannah
State:	GA
Zip Code:	31406
Phone:	4043041399
Email:	mboone@hospicesavannah.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:	Hospice Savannah, Inc. 457(b) Deferred Compensation Plan.	Number of Employees: 5

Additional Information:

Kathleen Benton, President/CEO Jamey Espina, V.P. Development and Community Services Terri Collins, V.P. of Business Development and Strategy Merrill Boone, V.P. of Financial Strategy Deneice Knowles, V.P. of Clinical Services New or promoted individuals with Vice President or President titles will be automatically included as eligible employees.

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 16927. 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.