

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

Date Completed: 10/5/2016 7:46 PM EST

Confirmation Number: 1778

Amended Confirmation Number:

Employer Information

Name: Atchison Hospital Association, Inc.
Address: 800 Raven Hill Dr
City: Atchison State: KS Zip Code: 66002

Plan Administrator Information

Name: Jill Wenger/Director of Human Resources
Address: 800 Raven Hill Dr
City: Atchison State: KS Zip Code: 66002
Phone: 9133605583
Email: jwenger@atchhosp.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: Atchison Hospital Association, Inc. 457(b) Plan Number of Employees: 26

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 1778. 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.