

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

Date Completed: 10/6/2016 10:09 PM EST

Confirmation Number: 1783

Amended Confirmation Number:

Employer Information

Name: ZOLL Medical Corporation

Address: 269 Mill Road

City: Chelmsford State: MA Zip Code: 01824

Plan Administrator Information

Name: ZOLL Medical Corporation

Address: 269 Mill Road

City: Chelmsford State: MA Zip Code: 01824

Phone: 9784219655

Email: agrossman@zoll.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:	Number of Employees: 1
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Additional Information:

The Employer maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees. The Employer has adopted a new deferred compensation agreement for one executive, effective June 13, 2016. The Employer will provide plan documents, if any, to the Secretary of Labor upon request as required by Section 104(a)(1) of ERISA.



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 1783. 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.