

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

Date Completed: 11/10/2016 2:09 PM EST

Confirmation Number: 1899

Amended Confirmation Number:

Employer Information

Name: Prairie Cardiovascular Consultants, Ltd.

Address: 619 East Mason Street

City: Springfield State: IL Zip Code: 62701

Plan Administrator Information

Name: Michael Yost

Address: 4936 Laverna Road

City: Springfield State: IL Zip Code: 62707

Phone: 2174922307

Email: michael.yost@hshs.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:	Supplemental Retirement Plan for Prairie Cardiovascular Executives	Number of Employees: 3
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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 1899. 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.