

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

Date Completed: 12/27/2016 10:17 AM EST

Confirmation Number: 2084

Amended Confirmation Number:

Employer Information

Name: Medical Benefits Administrators, Inc.  
Address: 1975 Tamarack Road, PO Box 1009  
City: Newark State: OH Zip Code: 43058

Plan Administrator Information

Name: Christopher D. Freeman  
Address: 255 E. 5th Street, Suite 2400  
City: Cincinnati State: OH Zip Code: 45202  
Phone: 5139773438  
Email: cfreeman@katzteller.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:	Medical Benefits Administrators, Inc. Nonqualified Elective Deferral Plan	Number of Employees: 7
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Additional Information:

The employer maintains a nonqualified salary deferral plan which benefits a select group of 7 highly compensated management 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 2084. 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.