

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

Date Completed: 10/12/2017 8:46 AM EST

Confirmation Number: 2979

Amended Confirmation Number:

Employer Information

Name: HOCKING VALLEY MEDICAL GROUP, INC.  
Address: PO BOX 228  
City: LOGAN State: OH Zip Code: 43138

Plan Administrator Information

Name: HOCKING VALLEY MEDICAL GROUP, INC.  
Address: 819 ST RT 664 N , PO BOX 228  
City: LOGAN State: OH Zip Code: 43138  
Phone: 7403808208  
Email: accounting@hvmg.us

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: HOCKING VALLEY MEDICAL GROUP 457(b) Number of  
PL DEFER COMPENS PL T AZIZ MD US Employees: 1  
03/17/2017 JULIE E GROW TR

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 2979. 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.