

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

Date Completed: 4/29/2015 1:09 PM EST

Confirmation Number: 333

Amended Confirmation Number:

Employer Information

Name: Indian River Memorial Hospital, Inc. D/B/A Indian River Medical Center, Inc.  
Address: 1000 36th Street  
City: Vero Beach State: FL Zip Code: 32960

Plan Administrator Information

Name: Indian River Medical Center, Inc.  
Address: 1000 36th Street  
City: Vero Beach State: FL Zip Code: 32960  
Phone: 7725674311  
Email: karen.mitchell@irmc.cc

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:	IRMC Nonqualified Deferred Compensation Plan	Number of Employees: 3
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Additional Information:

The number of employees listed as participants in the above named plan represents the participant count as of 1/1/2015.



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 333. 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.