

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

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Confirmation Number: 3571

Amended Confirmation Number:

Employer Information

Name: VNA Health Care  
Address: 400 N. Highland Ave.  
City: Aurora State: IL Zip Code: 60506

Plan Administrator Information

Name: Mr. Erik Jensen - VNA Health Care  
Address: 400 N. Highland Ave.  
City: Aurora State: IL Zip Code: 60506  
Phone: 6306782532  
Email: ejensen@vnahealth.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:	VNA Health Care 457(f) Plan	Number of Employees: 5
ID:2	Plan Name:	VNA Health Care 457(b) Plan	Number of Employees: 5

Additional Information:

The VNA Health Care 457(f) Plan and the VNA Health Care 457(b) Plan are being submitted to declare the Employer is maintain the plans primarily for the purpose of providing deferred compensation for a select group of management. Each Plan has 5 Participants.



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 3571. 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.