

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: 3595

Amended Confirmation Number:

Employer Information

Name: Houston Hospitals, Inc.
Address: 1601 Watson Boulevard
City: Warner Robins State: GA Zip Code: 31093

Plan Administrator Information

Name: Houston Hospitals, Inc.
Address: 1601 Watson Boulevard
City: Warner Robins State: GA Zip Code: 31093
Phone: 4789224281
Email: mohara@HHC.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:	Houston Hospital System, Inc. 457(f) Plan for Executives	Number of Employees: 2
ID:2	Plan Name:	Houston Hospital System, Inc. 457(f) Plan	Number of Employees: 4
ID:3	Plan Name:	Houston Hospitals, Inc. 457(b) "Top Hat" Deferred Compensation Plan	Number of Employees: 6

Additional Information:

This filing is to provide notice of the Houston Hospital System, Inc. 457(f) Plan for Executives, the Houston Hospital System, Inc. 457(f) Plan, and the Houston Hospitals, Inc. 457(b) Top Hat Deferred Compensation Plan. The Houston Hospital System, Inc. 457(f) Plan covers eligible employees of Houston Primary Care Physicians, LLC (EIN 38-3899808) and Houston Physician Specialists, LLC (46-2148408), as well as eligible employees of Houston Hospitals, Inc. Houston Primary Care Physicians, LLC and Houston Physician Specialists, LLC are affiliated entities of Houston Hospitals, Inc. A late filing correction is being made for the above-referenced plans contemporaneously with this statement under DFVCP.



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 3595. 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.