

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

Date Completed: 4/25/2018 9:47 AM EST

Confirmation Number: 3710

Amended Confirmation Number:

Employer Information

Name: LifeCare Medical Center
Address: 715 Delmore Dr
City: Roseau State: MN Zip Code: 56751

Plan Administrator Information

Name: LifeCare Medical Center/Cathy Huss, CFO
Address: 715 Delmore Dr
City: Roseau State: MN Zip Code: 56751
Phone: 2184634763
Email: chuss@lifecaremc.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:	LifeCare Medical Center Nonqualified 457(b) Plan, a 457(b) Retirement Plan	Number of Employees: 24
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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 3710. 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.