

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: 3869

Amended Confirmation Number:

Employer Information

Name: Indiana Hospital Association  
Address: 500 N Meridian Street, Suite 250  
City: Indianapolis State: IN Zip Code: 46204

Plan Administrator Information

Name: Terry Cole/ Indiana Hospital Association  
Address: 500 N Meridian Street  
City: Indianapolis State: IN Zip Code: 46204  
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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: 457f	Number of Employees: 1
ID:2	Plan Name: 457b	Number of Employees: 2

Additional Information:

The 457b plan has the potential for three employees, but currently only has two participants. One of the three would be the same individual as the participant in the 457f.



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 3869. 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.