

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

Date Completed: 8/16/2018 2:50 PM EST

Confirmation Number: 4076

Amended Confirmation Number:

Employer Information

Name: St. Croix Regional Medical Center  
Address: 235 State Street  
City: St. Croix Falls State: WI Zip Code: 54024

Plan Administrator Information

Name: St. Croix Regional Medical Center  
Address: 235 State Street  
City: St. Croix Falls State: WI Zip Code: 54024  
Phone: 7154830556  
Email: sally.bajak@scrmc.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:	St. Croix Regional Medical Center Deferred Comp Plan 457 (f) - Executives	Number of Employees: 8
ID:2	Plan Name:	St. Croix Regional Medical Center Deferred Comp Plan 457 (f) - Employed Physicians	Number of Employees: 20
ID:3	Plan Name:	St. Croix Regional Medical Center Deferred Comp Plan 457 (f) - Psychologists	Number of Employees: 4
ID:4	Plan Name:	St. Croix Regional Medical Center Deferred Comp Plan 457 (f) - Physician Assistants & Nurse Practitioners	Number of Employees: 6
ID:5	Plan Name:	St. Croix Regional Medical Center Deferred Comp Plan 457 (b)	Number of Employees: 21

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 4076. 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.