

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

Date Completed: 12/21/2018 10:17 AM EST

Confirmation Number: 4533

Amended Confirmation Number:

Employer Information

Name: Concord Hospital
Address: 250 Pleasant Street
City: Concord State: NH Zip Code: 03301

Plan Administrator Information

Name: Concord Hospital Pension Management Committee
Address: 250 Pleasant Street
City: Concord State: NH Zip Code: 03301
Phone: 6032307288
Email: rhoey@crhc.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:	Concord Hospital 457(b) Deferred Compensation Plan (Adopted 2019)	Number of Employees: 120
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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 4533. 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.