

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

Date Completed: 3/19/2019 8:40 AM EST

Confirmation Number: 4898

Amended Confirmation Number:

Employer Information

Name: DeSoto Hospital Association  
Address: 207 Jefferson Street / PO Box 1636  
City: Mansfield State: LA Zip Code: 71052

Plan Administrator Information

Name: DeSoto Hospital Association / Administration  
Address: 207 Jefferson Street / PO Box 1636  
City: Mansfield State: LA Zip Code: 71052  
Phone: 3188713137  
Email: beckysmith@desotoregional.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:	DeSoto Hospital Association 457(b) Plan	Number of Employees: 2
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Additional Information:

The Desoto Hospital Association 457 (b) Plan was established to provide a retirement/salary deferral option for the highly-compensated group of employed physicians/providers.



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 4898. 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.