

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

Date Completed: 4/2/2019 9:24 AM EST

Confirmation Number: 4950

Amended Confirmation Number:

Employer Information

Name: Southeast Georgia Health System
Address: 2415 Parkwood Drive
City: Brunswick State: GA Zip Code: 31520

Plan Administrator Information

Name: Southeast Georgia Health System
Address: 2415 Parkwood Drive
City: Brunswick State: GA Zip Code: 31520
Phone: 9124667049
Email: Mschern@sghs.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: SGHS 457(b) Plan	Number of Employees: 100
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Additional Information:

effective date 05/01/2019 total eligible employees - 100 total participating employees
- 0



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 4950. 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.