

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

Date Completed: 11/11/2019 11:15 AM EST

Confirmation Number: 5740

Amended Confirmation Number:

Employer Information

Name: Sioux Valley Memorial Hospital Association d/b/a Cherokee Regional Medical Center
Address: 300 Sioux Valley Drive
City: Cherokee
State: IA
Zip Code: 51012

Plan Administrator Information

Name: Sioux Valley Memorial Hospital Association d/b/a Cherokee Regional Medical Center
Address: 300 Sioux Valley Drive
City: Cherokee
State: IA
Zip Code: 51012
Phone: 7122253368
Email: tconley@cherokeemc.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:	Cherokee Regional Medical Center 457(b) Plan	Number of Employees: 17
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Additional Information:

effective date December 1, 2019 total eligible employees 17 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 5740. 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.