

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

Date Completed: 12/18/2019 2:44 PM EST

Confirmation Number: 5962

Amended Confirmation Number:

Employer Information

Name: Stormont Vail Health-Care Inc.
Address: 1500 SW 10th St
City: Topeka
State: KS
Zip Code: 66604

Plan Administrator Information

Name: Laurie Rueschhoff - Director, Benefits and Wellness
Address: 1615 SW 8th Avenue
City: Topeka
State: KS
Zip Code: 66606
Phone: 7853545916
Email: laurie.rueschhoff@stormontvail.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:	Stormont Vail Health 2020 P hysician Supplemental Executive Retirement Plan	Number of Employees: 70
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Additional Information:

As of the 12/18/19 filing date there are 70 participants.



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 5962. 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.