

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

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Confirmation Number: 6013

Amended Confirmation Number:

Employer Information

Name: Saginaw Cooperative Hospitals, Inc. dba CMU Medical Education Partners  
Address: 1000 Houghton Avenue  
City: Saginaw  
State: MI  
Zip Code: 48602

Plan Administrator Information

Name: J.D. McBrayer/CMU Medical Education Partners  
Address: 1000 Houghton Avenue  
City: Saginaw  
State: MI  
Zip Code: 48602  
Phone: 9897467884  
Email: mcbra1jd@cmich.edu

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: CMU Medical Education Partners 457(b) Plan Number of  
Employees: 365

Additional Information:

New 2019 457(b) plan as a result of 2019 plan audit.



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 6013. 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.