

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: 6117

Amended Confirmation Number:

Employer Information

Name: OU Medicine, Inc.
Address: 1200 Children's Avenue, Suite 11703
City: Oklahoma City
State: OK
Zip Code: 73104

Plan Administrator Information

Name: Compensation and Benefits Committee of OU Medicine, Inc., c/o Jed Liuzza, Chief HR Officer
Address: 1200 Children's Avenue, Suite 11703
City: Oklahoma City
State: OK
Zip Code: 73104
Phone: 4052718000
Email: jed.liuzza@oumedicine.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:	OU Medicine, Inc. Non-Qualified 457(b) Deferred Compensation Plan	Number of Employees: 116
ID:2	Plan Name:	OU Medicine, Inc. 457(f) Deferred Compensation Plan	Number of Employees: 11
ID:3	Plan Name:	OU Medicine, Inc. Non-Qualified 457(b) Restoration Plan	Number of Employees: 84

Additional Information:

In compliance with Labor Regulations Section 2520.104-23, the above information is provided to satisfy the alternative method of compliance with the reporting and disclosure requirements of Part I of Title I of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The plan document will be provided upon request as required by ERISA Section 104(a)(6).



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 6117. 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.