

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

Date Completed: 1/28/2020 4:38 PM EST

Confirmation Number: 6179

Amended Confirmation Number:

Employer Information

Name: Oklahoma Heart Hospital, LLC
Address: 4050 W. Memorial Road
City: Oklahoma City
State: OK
Zip Code: 73120

Plan Administrator Information

Name: Oklahoma Heart Hospital, LLC
Address: 4050 W. Memorial Road
City: Oklahoma City
State: OK
Zip Code: 73120
Phone: 4056081253
Email: PGasper@okheart.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:	Oklahoma Heart Hospital, LLC Nonqualified Deferred Compensation Plan for Select Employees	Number of Employees: 52
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Additional Information:

Additional adopting employers of the Oklahoma Heart Hospital, LLC Nonqualified
Deferred Compensation Plan for Select Employees: Oklahoma Heart Hospital
Physicians, LLC EIN: 20-4216378 OHH Anesthesia, LLC EIN: 45-3513408 Oklahoma
Cardiovascular Associates, P.C. EIN: 73-1515340



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 6179. 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.