

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

Date Completed: 10/29/2020 3:56 PM EST

Confirmation Number: 7141

Amended Confirmation Number:

Employer Information

Name: Goshen Medical Center, Inc.  
Address: 412 SW Center ST  
City: Faison  
State: NC  
Zip Code: 28341

Plan Administrator Information

Name: Goshen Medical Center, Inc.  
Address: PO Box 187  
City: Faison  
State: NC  
Zip Code: 28341  
Phone: 9102672057  
Email: dgraham@goshenmed.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:	Goshen Medical Center Inc Top Hat 457(b) Plan	Number of Employees: 8
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Additional Information:



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 7141. 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.