

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

Date Completed: 1/12/2021 3:01 PM EST

Confirmation Number: 7477

Amended Confirmation Number:

Employer Information

Name: Northside Hospital, Inc.  
Address: 1000 Johnson Ferry Road, N.E.  
City: Atlanta  
State: GA  
Zip Code: 30342

Plan Administrator Information

Name: Compensation Committee of the Board of Directors of Northside Hospital, Inc.  
Address: 1000 Johnson Ferry Road, N.E.  
City: Atlanta  
State: GA  
Zip Code: 30342  
Phone: 4048518000  
Email: Shannon.Banna@Northside.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:	Northside Hospital, Inc. 457(b) Plan	Number of Employees: 2123
ID:2	Plan Name:	Northside Hospital, Inc. Supplemental Executive Retirement Plan for Robert T. Quattrocchi	Number of Employees: 1
ID:3	Plan Name:	Northside Hospital, Inc. Chief Executive Officer Annual Bonus Deferral Plan	Number of Employees: 1

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 7477. 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.