

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

Date Completed: 1/25/2021 11:30 AM EST

Confirmation Number: 7551  
Amended Confirmation Number: 7550

Employer Information

Name: Hancock Physician Network LLC  
Address: One Memorial Sq., Suite 50  
City: Greenfield  
State: IN  
Zip Code: 46140

Plan Administrator Information

Name: Brian Muckerheide  
Address: One Memorial Sq., Suite 50  
City: Greenfield  
State: IN  
Zip Code: 46140  
Phone: 3174686236  
Email: bmuckerheide@hancockregional.org

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:	Hancock Physician Network 457(b) Plan	Number of Employees: 46
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Additional Information:

On the previous filing, I accidentally put my name as the employer name instead of the company name.



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 7551. 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.