

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

Date Completed: 7/30/2021 10:50 AM EST

Confirmation Number: 8453

Amended Confirmation Number:

Employer Information

Name: Cameron Regional Medical Center, Inc.
Address: 1600 East Evergreen
City: Cameron
State: MO
Zip Code: 64429

Plan Administrator Information

Name: Cameron Regional Medical Center, Inc.
Address: 1600 East Evergreen
City: Cameron
State: MO
Zip Code: 64429
Phone: 8166493203
Email: pbestgen@cameronregional.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: Cameron Regional Medical Center, Inc. 457(b) Number of
Plan 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 8453. 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.