

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

Date Completed: 12/7/2021 11:52 AM EST

Confirmation Number: 9017

Amended Confirmation Number:

Employer Information

Name: ProMedica Health System Inc., Compensation and Leadership Committee , c/o A Gottman
Address: 100 Madison Ave.
City: Toledo
State: OH
Zip Code: 43604

Plan Administrator Information

Name: ProMedica Health System Inc., Compensation and Leadership Committee , c/o A Gottman
Address: 100 Madison Ave.
City: Toledo
State: OH
Zip Code: 43604
Phone: 5675857916
Email: agottman@promedica.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:	ProMedica Health System, Inc. Supplemental Executive Retirement Plan 2021	Number of Employees: 20
ID:2	Plan Name:	ProMedica Health System, Inc. 457(b) Deferred Compensation Plan	Number of Employees: 215
ID:3	Plan Name:	ProMedica Health System, Inc. Benefit Restoration Plan	Number of Employees: 60
ID:4	Plan Name:	ProMedica Health System, Inc. Non-profit Voluntary Deferred Compensation Plan	Number of Employees: 2
ID:5	Plan Name:	ProMedica Health System, Inc. Voluntary Deferred Compensation Plan for Employed Physicians	Number of Employees: 20

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 9017. 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.