

Top Hat Plan Statement

Statement Required Under Department Of Labor Regulations Section 2520.104-23

The Employer named below maintains a plan or plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Name of Employer:
Excelsa Health

Address of Employer:
532 West Pittsburgh Street, Greensburg, PA 15601

Employer's Employer Identification Number (EIN):
25-1471089

Number of such plans:
1

Number of employees in each plan:
2 16 eligible

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This Statement must be filed within 120 days after the plan becomes subject to Title I, Part 1 of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Employer may be required to provide plan documents, if any, to the Secretary of Labor upon request as required by Section 104(a)(1) of ERISA.

Mail the completed Statement to the Secretary of Labor at:

Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

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Westmoreland Hosi
532 West Pittsburgh Street
Greensburg, PA 15601-2282

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