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ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR
A NONQUALIFIED DEFERRED COMPENSATION PLAN

To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-5644
US Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

In accordance with 29 CFR Section 2520.104-23 of the Department of Labor Regulations, which provides an alternative method for complying with the reporting and disclosure requirements of Part 1 of Title I of the Employee Retirement Income Security Act of 1974, you are hereby notified that the Employer identified below maintains the Plan identified below for the purpose of providing deferred compensation for a select group of management or highly compensated employees, and that all benefits provided by this Plan are paid as needed solely from the general assets of that Employer.

Employer's Name: Mobridge Regional Hopsital

Employer's Address: 1401 10th Ave W

Mobridge, SD 57601

Employer Identification Number: 46-0255944

457(b) Plan, which covers 5 Participants.

Total Number of Plans: One

Mobridge Regional Hospital
Plan Administrator of the Plans Specified Above

By: Angelica K. Svehovec, CEO

Date: November 20, 2017

MUTUAL OF AMERICA

NORMANDALE LAKE OFFICE PARK
8000 NORMAN CENTER DRIVE SUITE 1110
BLOOMINGTON MN 55437-1119

ADDRESS SERVICE REQUESTED



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