

U.S. Department of Labor  
Employee Benefits Security Administration  
Top Hat Plan Exemption  
200 Constitution Ave. N.W., N-1513  
Washington, DC 20210

08/11/20 AM 3:50

Re: ERISA REPORTING AND DISCLOSURE STATEMENT

To the Secretary of Labor:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Title I, Part 1, as provided for an unfunded or insured pension plan for a select group of management or highly compensated employees in D.O.L. Reg. Sec. 2520.104-23, the following information is provided by the undersigned plan administrator:

The name of the employer is: **Antelope Memorial Hospital**

The employer's mailing address is: **102 W 9th Street  
Neligh, NE 68756**

The employer's federal identification number (EIN) is: **47-0393176**

The plans of employer and the number of participants covered in each plan is:

**Antelope Memorial Hospital 457 Plan**

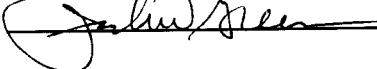
**Effective Date: August 11, 2008**

**Number of Employees Covered: 3**

(Specify plan, effective date and number of employees covered)

The above-named employer maintains this plan primarily for the purpose of providing nonqualified deferred compensation benefits to a select group of management or highly compensated employees. The employer will provide a copy of the agreement to the Secretary of Labor upon request.

Employer: **Antelope Memorial Hospital**

By:  \_\_\_\_\_

Date: 11.12.08 \_\_\_\_\_

**Antelope Memorial Hospital**  
102 West 9th Street  
P.O. Box 229  
Neligh, Nebraska 68756-0229



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**RETURN RECEIPT  
REQUESTED**

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