



2520130091550

Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-1513
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

KMSA/NOTICE
2013 JUL 22 PM 4:00

Re: Deferred Compensation Plan

Dear Sir/Madam:

Pursuant to the provisions of Department of Labor regulation 29 C.F.R. § 2520.104-23, you are hereby notified that the employer named in item (1) below maintains a plan or plans (as identified in item (2) below) primarily for the purpose of providing deferred compensation to a select group of management or highly compensated employees. Item (2) below also sets forth the appropriate number of participants in each plan as of the date of this letter.

Item (1): NAME, ADDRESS, AND EMPLOYER IDENTIFICATION NUMBER (EIN)
OF EMPLOYER MAINTAINING PLAN

Employer: Kansas Medical Society
Address: 623 SW 10th Avenue
Topeka, KS 66612-1627

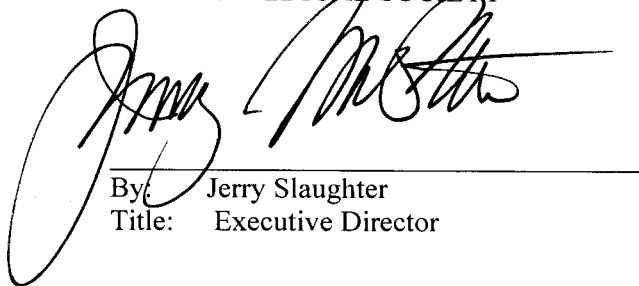
FEIN: 480289660

Item (2): NAME OF PLAN(S) AND NUMBER OF PARTICIPANTS IN EACH PLAN
TO WHICH THIS NOTIFICATION APPLIES

Name of Plan: Kansas Medical Society Deferred Compensation Plan
Number of Participants in the above Plan: 1

Very truly yours,

KANSAS MEDICAL SOCIETY



By: Jerry Slaughter
Title: Executive Director

cc: Michael V. Conger, Esq.

KANSAS MEDICAL SOCIETY
623 SW 10TH AVENUE
TOPEKA KS 66612

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NO POSTAGE
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