

OSCEOLA COMMUNITY HOSPITAL, INC. 457(B) DEFERRED COMPENSATION PLAN

TOP-HAT PLAN EXEMPTION STATEMENT

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

2015 AUG -6 PM 1:20

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: Osceola Community Hospital, Inc.

The Employer's mailing address is: 600 9th Avenue North

Sibley, Iowa 51249

The Employer's federal identification number (EIN) is: 42-0890973

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

Plan Name: Osceola Community Hospital, Inc. 457(b) Deferred Compensation Plan

Plan Effective Date: January 1, 2015

Plan Adoption Date: July 30, 2015

Number of Participants: 1

(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: Osceola Community Hospital, Inc.

By: *Janet H. Stuedle*

Date: 7-30-15

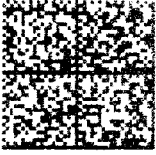
Osceola Community Hospital

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