



Community. Health. Impact.

19 March 2021

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

2520212070007

To Whom It May Concern:

The undersigned declares that the employer described below maintains the following plan(s) primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

In compliance with Labor Reg. §2520.104-23 the undersigned provides the following information with respect to the plan(s):

Employer:
Employer Name: Anchorum St. Vincent
Address: 1676 Hospital Drive
Santa Fe, NM 87505
EIN#: 26-1592592

Name of Plan: Anchorum St. Vincent 457(b) Deferred Compensation Plan
Number of Plan(s): 1
Number of Employees in Plan(s): 2

Very truly yours,

Jerry G. Jones, VP/CFO
Plan Administrator

PUBLIC DISCLOSURE
EBSA

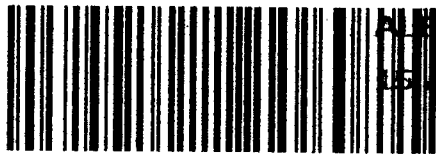
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US DEPARTMENT OF
LABOR



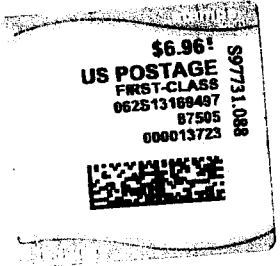
1676 Hospital Drive,
Santa Fe, NM 87505

CERTIFIED MAIL



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