

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

Date Completed: 11/23/2022 10:50 AM EST

Confirmation Number: 10707

Amended Confirmation Number:

Employer Information

Name: NEW Cooperative, Inc.
Address: 2626 1st Ave S, PO Box 818
City: Ft. Dodge
State: IA
Zip Code: 50501

Plan Administrator Information

Name: Associated Benefits Corporation
Address: 1415 28th Street, Suite 100
City: West Des Moines
State: IA
Zip Code: 50266
Phone: 5152260303
Email: hayertz_k@associatedbenefits.com

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	NEW Cooperative, Inc. Nonqualified Deferred Compensation Plan	Number of Employees: 1
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Additional Information:



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 10707. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.