

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

Date Completed: 5/15/2023 3:30 PM EST

Confirmation Number: 11563

Amended Confirmation Number:

Employer Information

Name: Schneider National, Inc.
Address: 3101 South Packerland Drive
City: Greenbay
State: WI
Zip Code: 54313

Plan Administrator Information

Name: Schneider National, Inc.
Address: 3101 South Packerland Drive
City: Green Bay
State: WI
Zip Code: 54313
Phone: 9205922000
Email: FishA@schneider.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: | Schneider National, Inc. Executive Change of Control Severance Plan | Number of Employees: 8 |
|------|------------|---|------------------------|

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 11563. 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.