

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

Date Completed: 6/15/2023 12:33 PM EST

Confirmation Number: 11682

Amended Confirmation Number:

Employer Information

Name: Knife River Corporation  
Address: 1150 W Century Ave  
City: Bismarck  
State: ND  
Zip Code: 58503

Plan Administrator Information

Name: Nancy Christenson  
Address: 1150 W Century Ave  
City: Bismarck  
State: ND  
Zip Code: 58503  
Phone: 7015301420  
Email: Nancy.christenson@kniferiver.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:	Knife River Corporation Deferred Compensation Plan	Number of Employees: 38
ID:2	Plan Name:	Knife River Non-Qualified Defined Contribution Plan	Number of Employees: 14
ID:3	Plan Name:	Knife River Supplemental Income Security Plan	Number of Employees: 35
ID:4	Plan Name:	Knife River Executive Incentive Compensation Plan	Number of Employees: 16

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 11682. 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.