

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

Date Completed: 10/10/2023 9:04 AM EST

Confirmation Number: 12122

Amended Confirmation Number:

Employer Information

Name: The DeLong Co., Inc.
Address: PO Box 552, 214 Allen Street
City: Clinton
State: WI
Zip Code: 53525

Plan Administrator Information

Name: The DeLong Co., Inc.
Address: PO Box 552, 214 Allen Street
City: Clinton
State: WI
Zip Code: 53525
Phone: 2246231248
Email: Mike.Madsen@delongcompany.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:	DeLong Company Nonqualified Deferred Compensation Plan	Number of Employees: 20
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Additional Information:

effective date September 1, 2023 eligible employees 20 participating employees 0
(new plan)



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 12122. 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.