

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

Date Completed: 4/12/2024 11:38 AM EST

Confirmation Number: 13036

Amended Confirmation Number:

Employer Information

Name: NEXUS Cooperative  
Address: 1001 Blunt Parkway  
City: Charles City  
State: IA  
Zip Code: 50616

Plan Administrator Information

Name: Associated Benefits Corporation  
Address: 1415 28th Street, Suite 100  
City: West Des Moines  
State: IA  
Zip Code: 50266  
Phone: 8007474421  
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:	The NEXUS Cooperative Nonqualified Deferred Compensation Plan	Number of Employees: 5
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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 13036. 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.