

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

Date Completed: 8/7/2025 12:18 PM EST

Confirmation Number: 15209

Amended Confirmation Number:

Employer Information

Name: Crow Wing Cooperative Power and Light Company
Address: PO Box 507 17330 State Hwy 371 NO
City: BRAINERD
State: MN
Zip Code: 56401

Plan Administrator Information

Name: DEBRA ANN FRANK
Address: PO Box 507 17330 State Hwy 371 NO
City: BRAINERD
State: MN
Zip Code: 56401
Phone: 2188252235
Email: frank@cwpower.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:	Crow Wing Cooperative Power and Light Co. Executive Deferred Compensation 457B 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 15209. 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.