

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

Date Completed: 10/27/2025 11:40 AM EST

Confirmation Number: 15554

Amended Confirmation Number:

Employer Information

Name: A G Equipment Company  
Address: 3401 W. Albany St.  
City: Broken Arrow  
State: OK  
Zip Code: 74012

Plan Administrator Information

Name: Ron Barber  
Address: 525 S. Main St. Suite 800  
City: Tulsa  
State: OK  
Zip Code: 74103  
Phone: 9185997755  
Email: rbarber@barberbartz.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:	Director Plan 2025	Number of Employees: 4
ID:2	Plan Name:	Director Cash Plan 2025	Number of Employees: 3

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 15554. 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.