

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

Date Completed: 2/26/2015 8:17 AM EST

Confirmation Number: 214

Amended Confirmation Number:

Employer Information

Name: Otter Tail Corporation  
Address: 4334 18th Ave SW Suite 200  
City: Fargo State: ND Zip Code: 58103

Plan Administrator Information

Name: Otter Tail Corporation Human Resources  
Address: 4334 18th Ave SW Suite 200  
City: Fargo State: ND Zip Code: 58104  
Phone: 7014513527  
Email: kalme@ottertail.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:	Otter Tail Corporation Executive Restoration Plan	Number of Employees: 3
ID:2	Plan Name:	Otter Tail Corporation Executive Severance Plan	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 214. 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.