

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

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Confirmation Number: 250

Amended Confirmation Number:

Employer Information

Name: Independent Pharmacy Cooperative  
Address: 1550 Columbus St  
City: Sun Prairie State: WI Zip Code: 53590

Plan Administrator Information

Name: Donald W. Anderson President/CEO  
Address: 1550 Columbus St  
City: Sun Praire State: WI Zip Code: 53590  
Phone: 6088254114  
Email: don.anderson@ipcrx.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:	Independent Pharmacy Cooperative Key Executive and Board Member Deferred Compensation Plan	Number of Employees: 12
ID:2	Plan Name:	Independent Pharmacy Cooperative Executive Incentive, Retention & Reward Plan	Number of Employees: 11

Additional Information:

Independent Pharmacy Cooperative Key Executive and Board Member Deferred Compensation Plan Independent Pharmacy Cooperative Executive Incentive, Retention, and Reward 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 250. 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.