

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

Date Completed: 1/5/2018 10:38 AM EST

Confirmation Number: 3276

Amended Confirmation Number:

Employer Information

Name: Arrowhead Electric Cooperative, Inc.

Address: PO Box 39

City: Lutsen State: MN Zip Code: 55612

Plan Administrator Information

Name: Jenny Kartes

Address: PO Box 39

City: Lutsen State: MN Zip Code: 55612

Phone: 2186637239

Email: jkartes@arrowhead.coop

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:	Arrowhead Electric Cooperative 457(b) Deferred Compensation 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 3276. 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.