

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

Date Completed: 7/14/2015 11:19 AM EST

Confirmation Number: 460

Amended Confirmation Number:

Employer Information

Name: Owen Electric Cooperative, Inc.
Address: 8205 Highway 127 North, P.O. Box 400
City: Owenton State: KY Zip Code: 40359

Plan Administrator Information

Name: Owen Electric Cooperative, Inc. Attn: Ann Wood
Address: 8205 Highway 127 North, P.O. Box 400
City: Owenton State: KY Zip Code: 40359
Phone: 5025633544
Email: awood@owenelectric.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: | Plan Name: | Number of Employees: |
|-----|--|----------------------|
| 1 | Executive Compensation 457(b) Plan for Employees | 1 |

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 460. 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.