

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

Date Completed: 2/8/2021 11:40 AM EST

Confirmation Number: 7630

Amended Confirmation Number:

Employer Information

Name: Agtegra Cooperative  
Address: 908 Lamont Street South  
City: Aberdeen  
State: SD  
Zip Code: 57401

Plan Administrator Information

Name: Associated Benefits Corporation  
Address: 1415 28th Street, Suite 100  
City: West Des Moines  
State: IA  
Zip Code: 50266  
Phone: 5152260303  
Email: hayertz\_k@associatedbenefits.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:	Agtegra Cooperative Nonqualified Defined Benefit Plan	Number of Employees: 5
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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 7630. 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.