

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: 8594

Amended Confirmation Number:

Employer Information

Name: MINNKOTA POWER COOPERATIVE, INC.  
Address: 5301 32ND AVE SOUTH  
City: GRAND FORKS  
State: ND  
Zip Code: 58201

Plan Administrator Information

Name: BRENDA SEM/ACCOUNTING DEPARTMENT  
Address: 5301 32ND AVE SOUTH  
City: GRAND FORKS  
State: ND  
Zip Code: 58201  
Phone: 7017954270  
Email: BSEM@MINNKOTA.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:	EXECUTIVE COMPENSATION PLAN 457(b) FOR DIRECTORS	Number of Employees: 12
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Additional Information:

THIS PLAN WAS ADOPTED FOR THE BOARD OF DIRECTORS OF MINNKOTA  
POWER COOPERATIVE.



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 8594. 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.