

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: 8710

Amended Confirmation Number:

Employer Information

Name: DELAWARE ELECTRIC COOPERATIVE, INC.
Address: 14198 SUSSEX HIGHWAY
City: GREENWOOD
State: DE
Zip Code: 19950

Plan Administrator Information

Name: COLINDA WHITE, HUMAN RESOURCES
Address: 14198 SUSSEX HIGHWAY
City: GREENWOOD
State: DE
Zip Code: 19950
Phone: 3023493154
Email: kwhite@delaware.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:	EXECUTIVE COMPENSATION 457B PLAN FOR EMPLOYEES	Number of Employees: 1
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Additional Information:

TOTAL OF 8 (EIGHT) SENIOR EXECUTIVES ARE ELIGIBLE TO PARTICIPATE IN PLAN. CURRENTLY, WE HAVE ONLY 1 (ONE) PARTICIPANT.



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 8710. 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.