

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: 10849
Amended Confirmation Number: 10847

Employer Information

Name: City National Bank of Florida
Address: 100 Southeast Second Street, 19th Floor HR
City: Miami
State: FL
Zip Code: 33131

Plan Administrator Information

Name: City National Bank of Florida
Address: 100 Southeast Second Street, 19th Floor HR
City: Miami
State: FL
Zip Code: 33131
Phone: 3055777684
Email: lilia.cayon@citynational.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:	City National Bank Stock Plan	Number of Employees: 72
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Additional Information:

effective date January 1, 2023 total eligible employees 72 total participating employees 0 (new plan)



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 10849. 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.