

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: 12654  
Amended Confirmation Number:

Employer Information

Name: American Continental Bank  
Address: 17700 Castleton St., Suite 100  
City: City of Industry  
State: CA  
Zip Code: 91748

Plan Administrator Information

Name: Terry Lou  
Address: 17700 Castleton St., Suite 100  
City: City of Industry  
State: CA  
Zip Code: 91748  
Phone: 6263638989  
Email: tlou@americancontinentalbank.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:	American Continental Bank Deferred Compensation Plan	Number of Employees: 3
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Additional Information:

This Deferred Compensation Plan will have 1 enrollee at this time. However, there may be 2 additional enrollees at a later date.



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 12654. 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.