

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: 12781

Amended Confirmation Number:

Employer Information

Name: L & N Federal Credit Union
Address: 9115 Smyrna Parkway
City: Louisville
State: KY
Zip Code: 40229

Plan Administrator Information

Name: L & N Federal Credit Union Board of Directors
Address: 9115 Smyrna Parkway
City: Louisville
State: KY
Zip Code: 40229
Phone: 5025158310
Email: Chris.Brown@lnfcu.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:	Jeff Kempster Supplemental Compensation Benefit Agreement dated February 12, 2024	Number of Employees: 1
ID:2	Plan Name:	Nicole Howell Supplemental Compensation Benefit Agreement dated February 13, 2024	Number of Employees: 1

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 12781. 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.