

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

Date Completed: 4/22/2024 10:17 AM EST

Confirmation Number: 13073

Amended Confirmation Number:

Employer Information

Name: Summit Financial Group, Inc.
Address: 300 N. Main Street
City: Moorefield
State: WV
Zip Code: 26836

Plan Administrator Information

Name: Danyl R. Freeman, EVP Chief Human Resources Officer
Address: 300 N. Main Street
City: Moorefield
State: WV
Zip Code: 26836
Phone: 3045301000
Email: dfreeman@summitfgi.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: | Summit Financial Group, Inc. Life Insurance Endorsement Method Split Dollar Plan Agreement | Number of Employees: 3 |
| ID:2 | Plan Name: | Summit Community Bank, Inc. Life Insurance Endorsement Method Split Dollar Plan Agreement | Number of Employees: 12 |
| ID:3 | Plan Name: | Summit Financial Group Inc. Executive Salary Continuation Agreement Plan | Number of Employees: 3 |
| ID:4 | Plan Name: | Summit Community Bank Inc. Executive Salary Continuation Agreement Plan | Number of Employees: 14 |
| ID:5 | Plan Name: | Summit Financial Group, Inc. Directors Deferral | Number of Employees: 12 |
| ID:6 | Plan Name: | Summit Community Bank, Inc. Directors Deferral | Number of Employees: 12 |
| ID:7 | Plan Name: | Summit Financial Group, Inc. Employment Agreement with Severance Agreement | Number of Employees: 3 |
| ID:8 | Plan Name: | Summit Financial Group, Inc. and Summit Community Bank Employment Agreements with Severance Agreement | Number of Employees: 6 |
| ID:9 | Plan Name: | Change in Control Agreement | Number of Employees: 1 |
| ID:10 | Plan Name: | Summit Community Bank, Inc. Supplemental Retirement Agreement | Number of Employees: 15 |
| ID:11 | Plan Name: | Summit Financial Group Inc. 2014 Long Term Incentive Plan | Number of Employees: 17 |
| ID:12 | Plan Name: | Summit Financial Group, Inc. Survivor Benefit Plan | Number of Employees: 37 |

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 13073. 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.