

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

Date Completed: 1/15/2025 1:03 PM EST

Confirmation Number: 14332

Amended Confirmation Number:

Employer Information

Name: Columbia Banking System, Inc.
Address: 1301 A Street, Suite 900
City: Tacoma
State: WA
Zip Code: 98402

Plan Administrator Information

Name: Chief Human Resources Officer
Address: 1301 A Street, Suite 900
City: Tacoma
State: WA
Zip Code: 98402
Phone: 5037274112
Email: andrewognall@umpquabank.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:	Columbia Banking System, Inc. Executive Change in Control and Severance Plan	Number of Employees: 11
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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 14332. 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.