

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: 2464

Amended Confirmation Number:

Employer Information

Name: Native American Bank National Association
Address: 999 18th Street Suite 2460
City: Denver State: CO Zip Code: 80202

Plan Administrator Information

Name: Tracie Davis
Address: 999 18th Street Suite 2460
City: Denver State: CO Zip Code: 80202
Phone: 7209635514
Email: tdavis@nabna.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:	Salary Continuation Plan	Number of Employees: 3
ID:2	Plan Name:	Deferred Compensation Plan	Number of Employees: 2

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 2464. 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.