

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

Date Completed: 9/11/2020 10:52 AM EST

Confirmation Number: 6937

Amended Confirmation Number:

Employer Information

Name: Champlain National Bank
Address: 3900 NYS Route 22
City: Willsboro
State: NY
Zip Code: 12296

Plan Administrator Information

Name: Champlain National Bank
Address: 3900 NYS Route 22
City: Willsboro
State: NY
Zip Code: 12996
Phone: 5189634201
Email: s.cacchio@champlainbank.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:	Bastian	Number of Employees: 1
ID:2	Plan Name:	Cacchio	Number of Employees: 1
ID:3	Plan Name:	Cooper	Number of Employees: 1
ID:4	Plan Name:	Hughes	Number of Employees: 1
ID:5	Plan Name:	Kononan	Number of Employees: 1
ID:6	Plan Name:	Paine	Number of Employees: 1
ID:7	Plan Name:	Perley	Number of Employees: 1
ID:8	Plan Name:	Richard	Number of Employees: 1
ID:9	Plan Name:	Roberts	Number of Employees: 1
ID:10	Plan Name:	Schmidt	Number of Employees: 1
ID:11	Plan Name:	Sherwin	Number of Employees: 1
ID:12	Plan Name:	Board of Directors	Number of Employees: 6

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 6937. 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.