

2520005098986

00 JAN -2 AM 10:27

Dec 20, 2000

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue N.W.
Washington, D.C. 20210

Dear Sir or Madam:

Pursuant to Department of Labor Regulation 2520.104-23, the following information is being provided regarding a nonqualified Benefit Equalization Plan sponsored by our organization for a select group of management or highly compensated employees.

1. Name of the employer: Exchange Bank
2. Mailing address of the employer: 545 4th St., Santa Rosa, CA 95401-6368
3. Employer's Federal Identification Number (EIN): 94-~~063800~~ **0463800**
4. Number of plans maintained: One
5. Number of participants in each plan: Six
6. Date plan was implemented: **9-20-00**

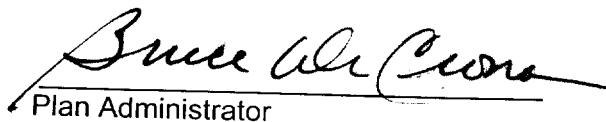
We will provide plan documents upon request in accordance with ERISA Section 104(a)(1).

Please contact us if you have any questions on any of the above information.

Sincerely,

Exchange Bank

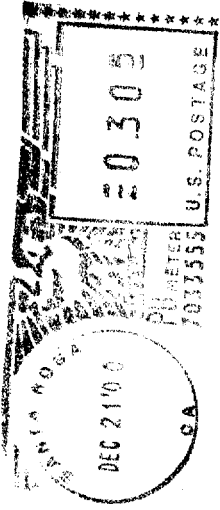
By:


Plan Administrator

**EXCHANGE
BANK**
SINCE 1890

P.O. BOX 403 • SANTA ROSA, CA 95402-0403

PRESORTED
FIRST CLASS



Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N 5644
US Dept of Labor
200 Constitution Ave N.W.
Washington, DC 20210

AUMF

