

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

Date Completed: 7/20/2022 8:27 AM EST

Confirmation Number: 10184

Amended Confirmation Number:

Employer Information

Name: First State Bank  
Address: 706 Washington Street  
City: Mendota  
State: IL  
Zip Code: 61342

Plan Administrator Information

Name: President & CEO  
Address: 706 Washington Street  
City: Mendota  
State: IL  
Zip Code: 61342  
Phone: 8155382265  
Email: scott@izalefg.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:	Number of Employees: 4
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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 10184. 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.