

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

Date Completed: 6/28/2016 9:47 AM EST

Confirmation Number: 1490

Amended Confirmation Number:

Employer Information

Name: Southern Independent Bank
Address: 503 North Main Street
City: Opp State: AL Zip Code: 36467

Plan Administrator Information

Name: John Adams
Address: 503 North Main Street
City: Opp State: AL Zip Code: 36467
Phone: 3344932265
Email: jadams@southernindependentbank.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:	Southern Independent Bank Director Fee Deferral Plan	Number of Employees: 15
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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 1490. 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.