

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

Date Completed: 4/6/2026 11:54 AM EST

Confirmation Number: 16321

Amended Confirmation Number:

Employer Information

Name: First Bank Hampton  
Address: 211 First Avenue NW  
City: Hampton  
State: IA  
Zip Code: 50441

Plan Administrator Information

Name: Board of Directors c/o Tyler Heeren/President  
Address: 211 First Avenue NW  
City: Hampton  
State: IA  
Zip Code: 50441  
Phone: 6414564793  
Email: theeren@fbh.bank

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:	Nonqualified Deferred Compensation Plan	Number of Employees: 1
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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 16321. 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.