

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

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Confirmation Number: 5376

Amended Confirmation Number:

Employer Information

Name: First State Bank & Trust
Address: PO Box 219
City: Tonganoxie
State: KS
Zip Code: 66086

Plan Administrator Information

Name: First State Bank & Trust
Address: ATTN: William D. Grant, Jr., President & CEO; PO Box 219
City: Tonganoxie
State: KS
Zip Code: 66086
Phone: 9138452500
Email: billg@firststateks.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:	First State Bank & Trust Non-Qualified Deferred Compensation Plan	Number of Employees: 2
ID:2	Plan Name:	First State Bank & Trust Non-Qualified Deferred Compensation Plan	Number of Employees: 1
ID:3	Plan Name:	First State Bank & Trust Non-Qualified Deferred Compensation Plan	Number of Employees: 1

Additional Information:

For additional information concerning this unfunded deferred compensation plan,
please contact the attorney for the employer: Jon W. Gilchrist Payne & Jones,
Chartered 11000 King Street Overland Park, KS 66210 913-469-4100



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 5376. 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.