

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

Date Completed: 12/21/2020 1:41 PM EST

Confirmation Number: 7360

Amended Confirmation Number:

Employer Information

Name: Upper Peninsula State Bank  
Address: 430 N Lincoln Road  
City: Escanaba  
State: MI  
Zip Code: 49829

Plan Administrator Information

Name: Scott M Beaudry  
Address: 430 N Lincoln Road  
City: Escanaba  
State: MI  
Zip Code: 49829  
Phone: 9067897000  
Email: smbcaudry@upstatebank.net

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:	Supplemental Executive Retirement Benefits Agreement	Number of Employees: 2
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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 7360. 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.