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Office of Employee Benefits Security
Labor-Management Services Administration
U.S. Department of Labor
Washington, D.C. 20216

To the Secretary of Labor:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Title 1, Part 1, as provided for an unfunded or insured pension plan for a select group of management or highly compensated employees in D.O.L. Reg. Sec. 2520.104-23, the following information is provided by the undersigned plan administrator:

1. The name of the employer is: Farmers & Merchants State Bank
2. The mailing address of the employer is: 101 N. Marshall, Box 126,
Springfield, MN 56087
3. The employer's Federal Identification Number (EIN) is: #41-0249820
4. The number of plans and the number of participants in each plan is:

1 plan covering 6 employees.*

The above named employer maintains this plan primarily for the purpose of providing deferred compensation, salary continuation or survivor income benefits to a select group of management or highly compensated employees. The employer will provide a copy of the agreements to the Secretary of Labor upon request.

***Note:** We previously reported 1 individual in this plan. We have just added 5 more individuals; a total of 6 plan participants.

Sincerely,

Farmers & Merchants State Bank

By:


Plan Administrator