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December 18, 2002

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue N.W.
Washington, D.C. 20210

Dear Sir or Madam:

Pursuant to Department of Labor Regulation 2520.104-23, the following information is being provided regarding a nonqualified supplemental life insurance/split dollar with reimbursements plan sponsored by our organization for a select group of management or highly compensated employees.

1. Name of the employer: The First National Bank of Scott City
2. Mailing address of the employer: 501 Main Street
Scott City, KS 67871
3. Employer's Federal Identification Number (EIN): 48-0408825
4. Number of plans maintained: 1
5. Number of participants in each plan: 2
6. Date plan was implemented: December 18, 2002

We will provide plan documents upon request in accordance with ERISA Section 104(a)(1).

Please contact us if you have any questions on any of the above information.

Sincerely,

The First National Bank of Scott City

By:


Plan Administrator

**1st National
Bank**

P.O. Box 290
Scott City, KS 67871-0290

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