

WILLIAM H. GAINES, President & Chairman
DAN COONS, Executive Vice President
SCOTT NELSON, Executive Vice President
RUSTY NEILL, Executive Vice President
BARBARA WILSON, Asst. Vice President

DEBORAH BAKER, Asst. Vice President
TROY RUDKIN, Asst. Vice President
GLENN PETERMAN, Ag Representative
JOHN WALKER, Loan Officer
JENNIFER GABRIEL, Marketing Dir.



MACON-ATLANTA State Bank

Macon and Bevier

March 1, 1999

2520032905155

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 Salary Continuation plan sponsored by our organization for a select group of management or highly compensated employees.

1. Name of the employer: Macon-Atlanta State Bank
2. Mailing address of the employer: PO Box 128, Macon MO 63552
3. Employer's Federal Identification Number (EIN): 43-0388860
4. Number of plans maintained: One
5. Number of participants in each plan: One
6. Date plan was implemented: 12-30-1998

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,

Macon-Atlanta State Bank

By: William H. Gaines
Plan Administrator