



2520190030239

ALTERNATIVE FILING STATEMENT FOR A SUPPLEMENTAL
DEFERRED COMPENSATION PLAN

Employer:

HORICON STATE BANK
326 East Lake Street
Post Office Box 144
Horicon, Wisconsin 53032

EIN: 39-0356800

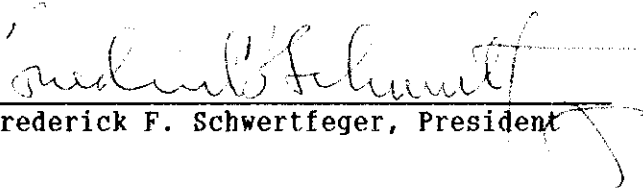
The primary purpose of this plan is to provide deferred compensation for a select group of management or highly compensated employees.

Number of similar plans held by the employer: None
Number of employees covered by such plans: 1

The plan documents are available to the Secretary upon request.

Executed at Horicon, Wisconsin this 24th day of March, 1995.

HORICON STATE BANK


Frederick F. Schwertfeger, President