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July 11, _____, 1997

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

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U.S. DEPARTMENT OF LABOR

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: Anderson State Bank
2. Mailing address of the employer: PO Box 9, Oneida, IL 61467
3. Employer's Federal Identification Number (EIN): 37-0155660
4. Number of plans maintained: One
5. Number of participants in each plan: One
6. Date plan was implemented: July 11, 1997

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,

Anderson State Bank

By: *A. B. Anderson*
Plan Administrator