

Form D-9

NOTIFICATION LETTER TO DEPARTMENT OF LABOR

RECEIVED  
DEPARTMENT OF LABOR  
OFFICE OF PENSION WELFARE  
BENEFIT PROGRAMS  
JAN 31 1995

TO: Office of Pension Welfare Benefit Programs  
Labor Management Services Administration  
U.S. Department of Labor

FROM: Employer: Flanagan State Bank  
Employer Identification Number: 37-0276830  
Address: 124 Main St.  
Flanagan, IL 61741

Date: January 30, 1995

This document constitutes the statement required by 29 C.F.R. section 2520.104-23(a)(1) to be filed with the Secretary of Labor in respect to non-qualified deferred compensation plans maintained by the above employer.

The employer maintains one non-qualified deferred compensation plan for the following employees who are members of a select group of management or who are highly compensated:

Paul Schwerin

Signed: Kent Schwerin

Administrator: Kent Schwerin

Title: Vice President

Employer: Flanagan State Bank