

2520032065300

September 28, 1991

Office of Employee Benefits Security  
Labor-Management Services Administration  
U.S. Department of Labor  
Washington, D.C. 20216

To the Secretary of Labor:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Title 1, Part 1, as provided for an unfunded or insured pension plan for a select group of management or highly compensated employees in D.O.L. Reg. Sec. 2520.104-23, the following information is provided by the undersigned plan administrator:

1. The name of the employer is: Vian State Bank
2. The mailing address of the employer is: PO Box 435, Vian, OK 74962
3. The employer's Federal Identification Number (EIN) is: 73-0496410
4. The number of plans and the number of participants in each plan is:  
1 plan covering 3 employees.

The above named employer maintains this plan primarily for the purpose of providing deferred compensation, salary continuation or survivor benefits to a select group of management or highly compensated employees. The employer will provide a copy of the agreements to the Secretary of Labor upon request.

Sincerely,

**Vian State Bank**

By:

  
Plan Administrator

