



**American Exchange Bank**

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NOVEMBER 5, \_\_\_\_\_, 1999

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 Executive Deferred Compensation Plan sponsored by our organization for a select group of management or highly compensated employees.

1. Name of the employer: American Exchange Bank
2. Mailing address of the employer: P.O. #818, Henryetta, OK 74437
3. Employer's Federal Identification Number (EIN): 73-0126300
4. Number of plans maintained: One
5. Number of participants in each plan: Two
6. Date plan was implemented: 08/23/99

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,

**American Exchange Bank**

By: Teri Thompson A.V.P.  
Plan Administrator



American  
Exchange  
Bank

P.O. Box 818 • 510 West Main  
Henryetta, OK 74437

the right of the return address

**CERTIFIED**

Z 111 328 594

**MAIL**

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