

2520052092711

May 12, 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 Salary Continuation plan sponsored by our organization for a select group of management or highly compensated employees.

1. Name of the employer: American Savings Bank
2. Mailing address of the employer: PO Box 909, Tripoli, IA 50676
3. Employer's Federal Identification Number (EIN): 42-0113660
4. Number of plans maintained: One
5. Number of participants in each plan: One
6. Date plan was implemented: 3/29/1999

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,

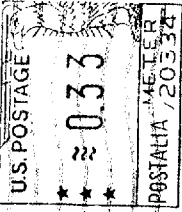
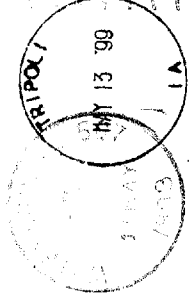
American Savings Bank

By:


Plan Administrator



AMERICAN SAVINGS BANK
 MEMBER FEDERAL DEPOSIT INSURANCE CORPORATION
 312 South Main St., P.O. Box 909, Tripoli, Iowa 50676



*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*

