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U.S. DEPARTMENT OF LABOR
OFFICE OF PENSION AND WELFARE BENEFITS ADMINISTRATION

06 MAR -8 PM 12: 04

February 27, _____, 2006

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: Union FS&LA
2. Mailing address of the employer: 104 N Tremont St, Kewanee, IL 61443
3. Employer's Federal Identification Number (EIN): *36-1893040*
4. Number of plans maintained: 1
5. Number of participants: 2
6. Date plan was implemented: *FEBRUARY 27, 2006*

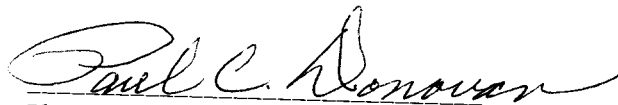
We will provide plan documents upon request in accordance with ERISA Section 104(a)(1).

Please contact us if you have any questions on any of the above information.

Sincerely,

Union FS&LA

By:



Plan Administrator



SAVINGS AND LOAN ASSOCIATION-SINCE 1890
104 N. Tremont • P.O. Box 428
Kewanee, Illinois 61443-0428

POSTAGE WILL BE PAID BY ADDRESSEE



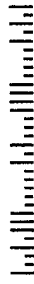
ADDRESS SERVICE REQUESTED

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS; FOLD AT DOTTED LINE

CERTIFIED MAIL™



7004 1160 0000 6538 9822



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