



800 PHILADELPHIA STREET • BOX 190 • INDIANA, PA 15701 • 412-349-1800

October 23, 1995

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DOL-P/WBA
PUBLIC DISCLOSURE

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
U. S. Department of Labor
Room N-5644
200 Constitution Avenue, NW
Washington, DC 20210

Re: S&T Bank Make-Up Plan
S&T Bank Supplemental Savings Plan

Dear Sir or Madam:

Pursuant to the provisions of Department of Labor regulations at 29 Code of Federal Regulations, Section 2520.104-23, you are hereby notified that the employer named in Item (1) below maintains plans (as identified in Item (2) below) primarily for the purpose of providing deferred compensation to a select group of management or highly compensated employees. Item (3) below sets forth the approximate number of participants in each such plan as of the date of this letter.

Item (1): The name, address and employer identification number (EIN) of the employer maintaining the plan.

S&T Bank
324 North Fourth Street
P. O. Box 190
Indiana, PA 15701
EIN: 25-0776600

Item (2): Name and Plan Identification Number (PIN) of each plan to which this notification applies

S&T Bank Make-Up Plan	PIN: 004
S&T Bank Supplemental Savings Plan	PIN: 005

Top Hat Plan Exemption
Pension and Welfare Benefits

Re: S&T Bank Make-Up Plan
S&T Bank Supplemental Savings Plan

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Item (3): Plan census information

<u>PIN</u>	<u>Participants</u>
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004	2
005	21

Kindly acknowledge receipt of this filing by signing and returning to my attention the copy of this letter enclosed herewith for acknowledgement purposes. A stamped, self-addressed envelope is enclosed for your convenience.

Sincerely,



S. D. Scott
Plan Administrator

SDS:ART
Enc.

Received - Office of Employer Benefits Security

Date