

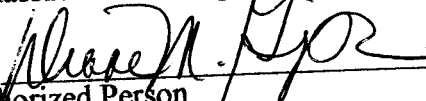
**Alternative Reporting And Disclosure Statement  
For Nonqualified Deferred Compensation Plans**

To: Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N 1513  
U.S. Department of Labor  
200 Constitution Ave. N.W.  
Washington, DC 20210

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for un-funded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR Sec. 2520.104-23, the following information is provided by the undersigned administrator:

- 1. The name of the Employer is: Bay State Savings Bank
- 2. The mailing address of the Employer is: 28 Franklin Street  
Worcester, MA 01608
- 3. The Employer Identification Number is: ~~01-1070050~~ 75-3238872
- 4. The above named Employer maintains a Plan (or Plans) primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
- 5. Number of Plans and Eligible Employees in each Plan:  
One Plan covering 19 Eligible Employees.
- 6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

Bay State Savings Bank  
A Massachusetts Corporation

By:   
Authorized Person

Dated: 12/8/08



28 Franklin Street, Worcester, MA 01608

*Address Service Requested*

049J82047117

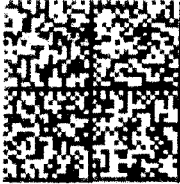
**\$00.420**

12/09/2008

Mailed From 01608

**US POSTAGE**

neopost



Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N 1513  
U.S. Department of Labor  
2000 Constitution Ave. N.W.  
Washington, DC 20210

