

CLINE WILLIAMS
WRIGHT JOHNSON & OLDFATHER, L.L.P.

ATTORNEYS AT LAW
ESTABLISHED 1857

EBSA/PUBLIC DISCLOSURE

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February 3, 2010

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U.S. Department of Labor
Employee Benefits Security
Administration
Room N-1513
Top Hat Plan Exemption
200 Constitution Avenue, N.W.
Washington, D.C. 20210

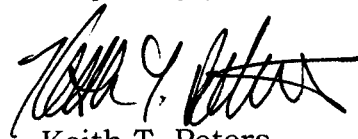
CERTIFIED MAIL - RETURN
RECEIPT REQUESTED

RE: Employer: Nebraska State Bank of Oshkosh
Employer Identification No.: 47-0249940

Dear Sir or Madam:

We enclose for filing the Top Hat Plan Statement for the employer described above. Please contact me between the hours of 8:00 a.m. and 5:00 p.m., Central Time, if you wish to discuss this or need further information.

Very truly yours,



Keith T. Peters
For the Firm

cc: Michael Jorgensen

TOP HAT PLAN STATEMENT

Pursuant to 29 C.F.R. § 2520.104-23, the undersigned employer makes the following statement:

1. Employer Name and Address:

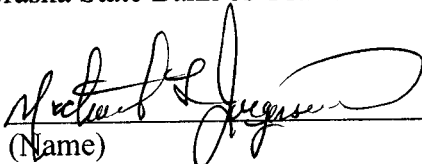
Nebraska State Bank of Oshkosh
P.O. Box 260
Oshkosh, NE 69154-0260

2. Employer Identification No.: 47-0249940

3. The Employer maintains a plan or plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

4. The number of plans that the employer maintains is 3 and the number of employees participating in each plan is 1.

Nebraska State Bank of Oshkosh

By:  President
(Name) (Title)

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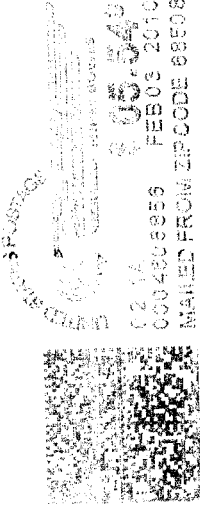
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233 SOUTH 13TH STREET

LINCOLN, NEBRASKA 68508-2093

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