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FARMERS STATE BANK

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11/25/2011

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U.S. Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Avenue, NW, Suite N-1513
Washington, DC 20210

Dear Sir or Madam:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Parts 1, Title 1, as provided for an unfunded plan for a select group of management or highly compensated employees in the D.O.L. Regulation 2520.104-23 the following information is provided:

1. The name of the employer is:
Farmers State Bank
2. The mailing address of the employer is:
2501 4th Street SW, Mason City, IA 50401
3. The employer's federal identification number (EIN) is:
42-0247180
4. The number of plans and the number of participants in each plan is:
1 plan covering 3 employees. The above named employer maintains this plan primarily for the purpose of providing deferred compensation benefits to a select group of management or highly compensated employees.

The employer will send a copy of all plan documents and agreements to the Secretary, upon request.

Respectfully submitted,

Nathan R. Halverson, VP
Farmers State Bank





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