



**Associated Bank**

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February 13, 1997

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

RE: Alternative Reporting and Disclosure Statement

Dear Sir or Madam:

Pursuant to Part 1 of Title I of the Employee Retirement Income Security Act of 1974, as amended, and Department of Labor Regulation, 29 C.F.R. §2520.104-23, we provide the following information:

Name and Address of Employer : Associated Bank Madison  
1720 Monroe Street  
P.O. Box 2016  
Madison, WI 53701-2016

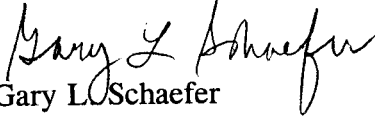
Employer Identification Number : 39-0557640

Total Number of Unfunded Deferred  
Compensation Plans Maintained by  
Employer : 3

Number of Employees Initially in  
the Plans : 3

The employer adopted the Plan for the purpose of providing deferred compensation for a select group of management or highly-compensated employees. This information is intended to satisfy the alternative method of reporting and disclosure for unfunded plans benefiting a select group of management or highly-compensated employees. A copy of the Plans will be provided to the Secretary of Labor upon request.

Yours very truly,

  
Gary L. Schaefer  
President & CEO

1720 Monroe St. P.O. Box 2016 Madison, WI 53701-2016 608-259-2000 Fax 608-256-1517  
6300 University Ave. Middleton, WI 53562-3498 608-238-5891 Fax 608-238-2215  
2001 Londonderry Dr. Madison, WI 53704-7503 608-241-1771 Fax 608-241-2343  
222 West Washington Ave. Madison, WI 53703-2799 608-282-4040 Fax 608-282-4064

001-2001  
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**ATTACHMENT TO  
FORM 5500 FILING FOR  
TOP-HAT PLAN/DFVC PROGRAM  
(Associated Bank Madison)**

**The Plan Sponsor maintains the following Top-Hat Plans:**

**Nonqualified Supplemental Retirement Plan for James Fiore (1/6/95)**

**Nonqualified Supplemental Retirement Plan for George Mael (3/1/90)**

**Nonqualified Supplemental Retirement Plan for Edith Reppert (12/31/76)**

**Annual Return/Report of Employee Benefit Plan**  
 (With 100 or more participants)

OMB Nos. 1210-0016  
 1210-0089

**1995**

This Form Is Open to  
 Public Inspection.

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code, referred to as the Code.  
 ▶ See separate instructions.

For the calendar plan year 1995 or fiscal plan year beginning \_\_\_\_\_, 1995, and ending \_\_\_\_\_, 19

If A(1) through A(4), B, C, and/or D, do not apply to this year's return/report, leave the boxes unmarked.

For IRS Use Only  
 EP-ID

- A This return/report is: (1)  the first return/report filed for the plan; (2)  an amended return/report; (3)  the final return/report filed for the plan; or (4)  a short plan year return/report (less than 12 months).

IF ANY INFORMATION ON A PREPRINTED PAGE 1 IS INCORRECT, CORRECT IT. IF ANY INFORMATION IS MISSING, ADD IT. PLEASE USE RED INK WHEN MAKING THESE CHANGES AND INCLUDE THE PREPRINTED PAGE 1 WITH YOUR COMPLETED RETURN/REPORT.

- B Check here if any information reported in 1a, 2a, 2b, or 5a changed since the last return/report for this plan . . . . .   
 C If your plan year changed since the last return/report, check here . . . . .   
 D If you filed for an extension of time to file this return/report, check here and attach a copy of the approved extension . . . . .

1a Name and address of plan sponsor (employer, if for a single-employer plan) (Address should include room or suite no.)  Associated Bank Madison 1720 Monroe Street P. O. Box 2016 Madison, WI 53701-2016	1b Employer identification number (EIN) 39 : 0557640
	1c Sponsor's telephone number 608-259-2000
	1d Business code (see instructions, page 23)
	1e CUSIP issuer number

2a Name and address of plan administrator (if same as plan sponsor, enter "Same")  Same	2b Administrator's EIN  : Same
	2c Administrator's telephone number  Same

- 3 If you are filing this page without the preprinted historical plan information and the name, address, and EIN of the plan sponsor or plan administrator has changed since the last return/report filed for this plan, enter the information from the last return/report in line 3a and/or line 3b and complete line 3c.
- a Sponsor ..... EIN ..... Plan number.....  
 b Administrator ..... EIN .....
- c If line 3a indicates a change in the sponsor's name, address, and EIN, is this a change in sponsorship only? (See line 3c on page 9 of the instructions for the definition of sponsorship.) Enter "Yes" or "No." ▶

4 ENTITY CODE. (if not shown, enter the applicable code from page 9 of the instructions.) ▶										
5a Name of plan ▶ see attached	5b Effective date of plan (mo., day, yr.) see attached									
All filers must complete 6a through 6d, as applicable. 6a <input type="checkbox"/> Welfare benefit plan 6b <input checked="" type="checkbox"/> Pension benefit plan (If the correct codes are not preprinted below, enter the applicable codes from page 9 of the instructions in the boxes.)	5c Three-digit plan number ▶ 888									
	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									

6c Pension plan features. (If the correct codes are not preprinted below, enter the applicable pension plan feature codes from page 9 of the instructions in the boxes.)

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6d  Fringe benefit plan. Attach Schedule F (Form 5500). See instructions.

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of employer/plan sponsor ▶ Gary A. Schaefer Date 2/10/97  
 Type or print name of individual signing for the employer/plan sponsor Gary A. Schaefer, President & CEO  
 Signature of plan administrator ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_  
 Type or print name of individual signing for the plan administrator