3-3-, 1997

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

252003203121

Dear Sir or Madam:

Pursuant to Department of Labor Regulation 2520.104-23, the following information is being provided regarding a nonqualified salary continuation and deferred compensation plans sponsored by our organization for a select group of management or highly compensated employees.

1. Name of the employer: Texas Bank
2. Mailing address of the employer: P.O. Box 1429, Brownwood, TX 76804
3. Employer's Federal Identification Number (EIN): 75-1225814
4. Number of plans maintained: Two
5. Number of participants in each plan: Salary Continuation Plan = Three
   Deferred Compensation Plan = Three
6. Date plan was implemented:

We will provide plan documents upon request in accordance with ERISA Section 104(a)(1).

Please contact us if you have any questions on any of the above information.

Sincerely,

Texas Bank

By: _____
Plan Administrator