



U.S. Department of Labor

Pension and Welfare Benefits Administration  
Washington, DC 20210



Hannibal National Bank  
100 N. Main  
Hannibal, MO 63401-1107

Dear J. Growes, President

We are in receipt of your statement filed with the Secretary of Labor registering your deferred compensation plan (under 29 CFR 2520.104-23) for the above company.

The following information was omitted in the initial filing. Please furnish the necessary information indicated so we may complete your file.

Employer Identification Number (EIN) (9 digits) 43-0309403

Number of plans \_\_\_\_\_

Number of employees participating in the plan(s) \_\_\_\_\_

Address of participating Sponsor \_\_\_\_\_

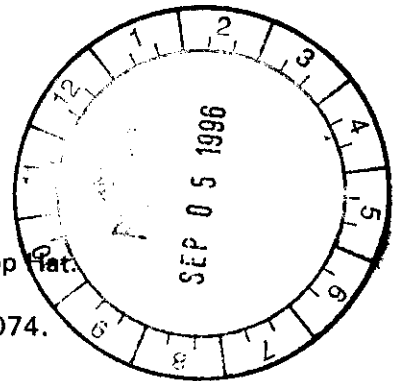
Declaration (e.g., plan is for highly compensated employee(s)) \_\_\_\_\_

Other \_\_\_\_\_

If the plan has terminated, please give the date of termination \_\_\_\_\_

Please return this letter with the appropriate items completed within 30 days to:

U.S. Department of Labor  
Pension and Welfare Benefits Administration  
Frances Perkins Bldg., Room #N5638  
200 Constitution Avenue NW  
Washington, DC, 20010  
Attn: Ramona Evans, Supervisor  
Records and Examination Unit



Also, please be advised that we will reconize your initial filing date for the above Top flat.

If you have any questions concerning this letter, please call (202) 219-7222 ext. 3074.

Sincerely,

Ramona Evans, Supervisor Records and Examination Unit Department



# Hannibal National Bank

100 N. Main St.  
PO. Box 1107  
Hannibal, Missouri 63401-1107



U.S. DEPARTMENT OF LABOR  
PENSION & WELFARE BENEFITS ADMINISTRATION  
FRANCES PERKINS BLDG., ROOM #N5638  
200 CONSTITUTION AVENUE NW  
WASHINGTON, DC 20010

ATTN RAMONA EVANS, SUPERVISOR  
RECORDS & EXAMINATION UNIT

