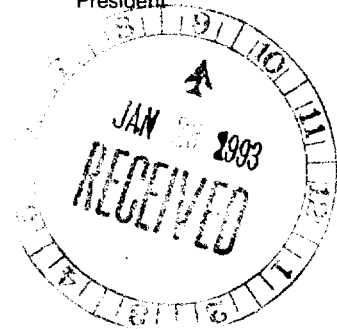




2520032034508

TIM V. STERN  
President



December 31, 1992

Office of Employee Benefits Security  
Labor-Management Services Administration  
U.S. Department of Labor  
Washington, D.C. 20216

Dear Sir or Madam:

We are not sure that we have disclosed under ERISA, Title 1, Part 1; DOL Reg. Sec. 2520.104-23, so we are enclosing our check for \$1,000.00 for the penalty under the DOL amnesty program.

We have no copies that would tell us we filed so I am asking that you please check your records and if we have disclosed properly to return the check to us.

In the meantime and pursuant to the regulation I am disclosing the following:

1. The name of employer is: Security Bank Minnesota
2. The mailing address of the employer is:  
437 Bridge Ave.  
Albert Lea, MN 56007
3. The employers Federal Identification (EIN) is:  
41-0391800
4. The number of plans and the number of participants in each plan is:  
1 Plan(s) covering 1 employee(s) respectively

The above named employer maintains this plan primarily for the purpose of providing deferred compensation, salary continuation or survivor benefits to a select group of management or highly compensated employees. The employer will provide a copy of the agreement to the Secretary of Labor upon request.

Sincerely,

**Security Bank Minnesota**

By:   
Plan Administrator

28,491

**SB** SECURITY BANK MINNESOTA

P.O. BOX 891

ALBERT LEA, MINNESOTA 56007

**CERTIFIED MAIL**  
P 159 399 755  
MINNAPOLIS MN 55401  
1992

AMPF MANKATO MN 56001



RETURN RECEIPT  
REQUESTED

Office of Employee Benefits Security  
Labor-Management Services Administration  
U.S. Department of Labor  
Washington, D.C. 20216

*checks*

RETURN RECEIPT  
REQUESTED