



UNITED BANK

P. O. DRAWER 8
ATMORE, ALABAMA 36504

2520032034573

MITCH STAPLES
CONTROLLER

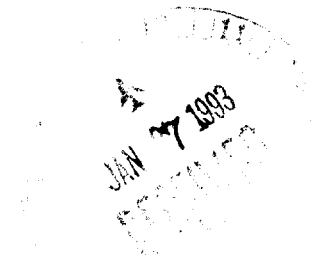
(205) 368-2525
(205) 368-9777 FAX

December 28, 1992

Pension and Welfare Benefits Administration
Post Office Box 75212
Washington, D. C. 10013-5212

Gentlemen:

RE: Name: United Bancorporation & Subsidiaries
Address: P. O. Drawer 8
Atmore, AL 36504
FEI # 63-0833573
Amnesty Program Filing



Pursuant to Labor Regulation Section 2520.104-23, the alternative method of compliance with the reporting and disclosure requirements of Part I of Title I of the Employee Retirement Income Security Act of 1974 for unfunded or uninsured pension plans maintained by an employer for a select group of management or highly compensated employees, please find attached the statement as required to be filed by such plans under this section.

This statement is being filed under the Department of Labor Amnesty Program. Attached to the statement is a check payable for \$1000 to the U. S. Department of Labor for the penalty amount as required under this program. The \$1000 penalty amount is for all such plans that require a statement under the regulation mentioned above in existence for United Bancorporation and subsidiaries and covers all years under the amnesty program.

If you have any questions, please call the undersigned at (205)368-2525.

Very truly yours,

Mitch Staples
Controller and Cashier

MS/wf



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ATMORE, ALABAMA 36504

MITCH STAPLES
CONTROLLER

(205) 368-2525
(205) 368-9777 FAX

ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR UNFUNDED NONQUALIFIED DEFERRED COMPENSATION PLANS FOR CERTAIN SELECTED EMPLOYEES

To: 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

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for unfunded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulation Section 2520.104-23, the following information is provided by the undersigned employer.

Name and Address of Employer:
United Bancorporation and Subsidiaries
P. O. Drawer 8
Atmore, AL 36504

Employer Identification Number:
63-0833573

United Bancorporation and Subsidiaries maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Number of Plans and Participants in Each Plan:

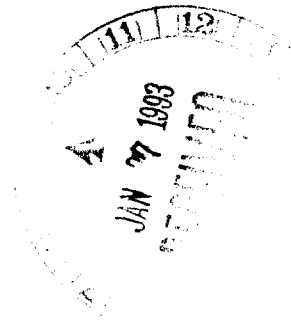
3 plans covering 1 employee each

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This statement is being filed for all such plans as defined above for United Bancorporation and subsidiaries and any such plans subject to this filing requirement.

Dated December 31, 1992

By 
Plan Administrator



30665



UNITED BANK

P.O. DRAWER 8

ATMORE, ALABAMA 36504

ADDRESS CORRECTION REQUESTED

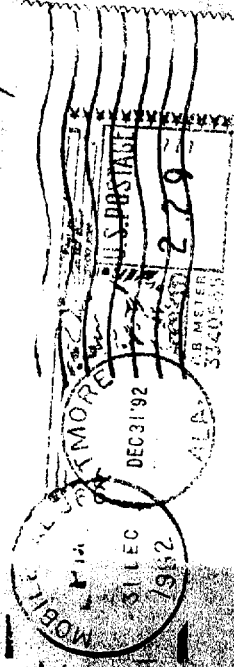
**RETURN RECEIPT
REQUESTED**

Fold at line over top of envelope to the
right of the return address.

CERTIFIED

P 702 572 361

MAIL



PENSION AND WELFARE BENEFITS ADMINISTRATION

POST OFFICE BOX 75212

WASHINGTON D C 20013-5212

