

February 19, 2004

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

Dear Sir or Madam:

Pursuant to Department of Labor Regulation 2520.104-23, the following information is being provided regarding (i) a nonqualified salary continuation plan and (ii) a nonqualified executive elective income deferral plan sponsored by our organization for a select group of management or highly compensated employees.

1. Name of the employer: New Carlisle Federal Savings Bank
2. Mailing address of the employer: 400 N. Main Street, P.O. Box 245, New Carlisle, Ohio 45344
3. Employer's Federal Identification Number (EIN): 31-0389975
4. Number of plans maintained: Two
5. Number of participants in New Carlisle Federal Savings Bank Salary Continuation Agreement: One
- 5a. Number of participants in New Carlisle Federal Savings Bank 2004 Director and Key Employee Elective Deferred Compensation Plan: Two
6. Date plan was implemented: February 19, 2004

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,



Dale B. Steinlage
Plan Administrator





P.O. Box 245
New Carlisle, Ohio 45344



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