



BANKING AT ITS BEST

2520130090798

June 28, 2012

United States Department of Labor  
Employee Benefits Security Administration  
Top Hat Plan Exemption  
200 Constitution Avenue, NW, N-1513  
Washington, DC 20210

2012 APR 18 PM 12:25

**RE: Alternative Reporting and Disclosure Statement for Unfunded Nonqualified Deferred Compensation Plans for Certain Selected Employees**

This statement is being provided pursuant to Department of Labor Regulation 29 CFR §2520.104-23 as 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 plans for a select group of management or highly compensated employees. In accordance with said Regulation, First Option Bank and Osawatomie Agency, Inc. are providing the following information:

Sponsoring Employer Name and Address: First Option Bank and Osawatomie Agency, Inc.  
601 Main Street  
P.O. Box 277  
Osawatomie, Kansas 66064-0277

Sponsoring Employer Identification Number: 48 - 0359685

Number of Plans: 1

Name of Plan(s): Amended and Restated Supplemental Executive Retirement Agreement

Number of Participants: 5

The Employer maintains the Plan primarily for the purpose of providing deferred compensation for a select group of management and highly compensated employees.

Please acknowledge receipt of this notice by stamping or signing the enclosed copy of this notice and returning it to me in the enclosed envelope.

First Option Bank and Osawatomie Agency, Inc.

By:   
\_\_\_\_\_  
Officer of the Company

Osawatomie, KS 66064 • 601 Main • P.O. Box 277 • 913-755-3811  
LaCygne, KS 66040 • 502 Market Street • P.O. Box 429 • 913-757-2001  
Louisburg, KS 66053 • 103 South Broadway • P.O. Box 458 • 913-837-3900  
Paola, KS 66071 • 702 Baptiste Drive • P.O. Box B • 913-294-3811  
Spring Hill, KS 66083 • 21101 West 223rd Street • P.O. Box 426 • 913-592-3811

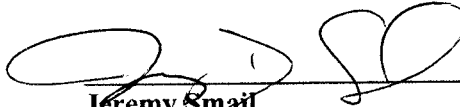
First Option Bank  
SUPPLEMENTAL EXECUTIVE RETIREMENT AGREEMENT



Bank's obligations hereunder shall be reduced by the amount of the Hardship Distribution and the benefits to be paid under Article 1 shall reflect such reduced amount.

IN WITNESS WHEREOF, the Executive and a duly authorized representative of the Bank have signed this Agreement as of the date indicated above.

**EXECUTIVE:**

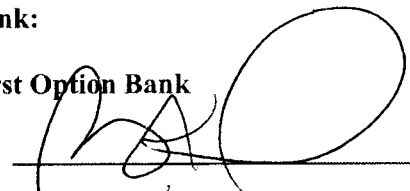
  
\_\_\_\_\_  
**Jeremy Smail**

**Bank:**

**First Option Bank**

**By**

**Title**

  
\_\_\_\_\_  
*CEO*

**BFS**

Bank Financial Services Group

1873 S. BELLAIRE ST., SUITE 1700 DENVER, CO 80222



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