

June 18, 2015

Via Certified Mail
Return Receipt Requested

Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-1513
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

Re: "Top-Hat" Statement pursuant to Section 2520.104-23

Dear Sir or Madam:

This letter serves as a statement pursuant to Section 2520.104-23.

Employer's name and address:

Belmont Financial Group, Inc.
8250 W. Belmont Avenue
Chicago, IL 60634

Name of Plan (the "Plan"): Belmont Financial Group, Inc. Deferred Compensation Plan

Employer's Federal Identification Number: 20-3691106

The Employer identified in this statement is the Plan Administrator of the Plan and is the entity from whom the Department of Labor may request plan documents.

In addition to the Employer, there is one (1) additional employer ("Participating Employers") in the Employer's controlled group whose employees participate, or may in the future participate, in the Plan. The Participating Employer is: Belmont Bank and Trust Company (Participating Employer's Federal Identification Number: 56-2580290).

The primary purpose of the Plan is to provide deferred compensation to members of a select group of management or highly compensated employees. The number of such plans is one (1). The number of employees currently covered by the Plan is three (3).

Sincerely,



William F. McCarty III
Executive Vice President & Secretary-Belmont Financial Group, Inc.
President & CEO- Belmont Bank & Trust Company

EBSA/PUBLIC DISCLOSURE
2015 JUN 29 PM 3:58

BLMONT BANK & TRUST
10 West Belmont Avenue
Chicago, IL 60634

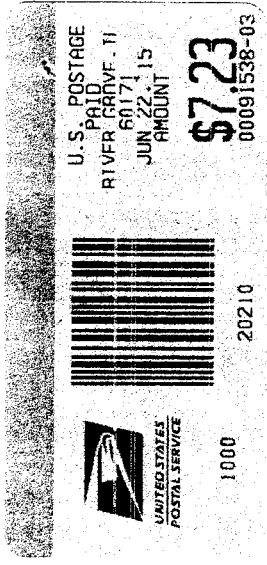
0640 0003 5596 6955

STICKER AT TOP OF ENVELOPE TO THE RIGHT
THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL



0640 0003 5596 6955



Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-1513
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210