

**ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT
FOR PENSION PLANS FOR CERTAIN SELECTED EMPLOYEES**

To the Secretary of Labor:

2520153420088

In compliance with the requirements of the alternative method of reporting and disclosure under Part 1 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 Regulations, 29 C.F.R. §2520.104-23, the following information is provided by the undersigned employer.

Name and Address of Employer:

Home National Bank

P.O. Box ~~68~~ 457

Racine, OH 45771

Employer Identification Number:

31-4286668

Home National Bank maintains a plan (or plans) 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:

One Plan covering 2 Employee(s).

Dated September, 2015.

Home National Bank

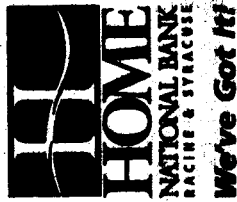
By Roma L. Sayre

Title: President

This form should be mailed to:

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

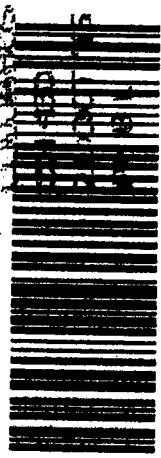
(Send certified mail to evidence filing requirement satisfied)



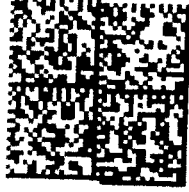
PO Box 457
Racine, Ohio 45771

WEB: www.HomeNatlBank.com

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