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Top Hat Plan Exemption  
Pension & Welfare Benefits Administration  
Room N-5644  
United States Department of Labor  
200 Constitution Avenue, NW  
Washington, D.C. 20210

Re: Statement under DOL Reg. §2520.104-23

Ladies/Gentlemen:

This is to declare the undersigned has established a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees. This is the only such plan maintained by the undersigned and there are currently 20 employees participating in this plan.

The Employer Identification Number & address of the undersigned are as follows:

EIN: 58-1344015

Address: 804 14th Ave

Albany, GA 31701

Upon request, the undersigned will provide the plan document as required by Section 104(a) (1) of ERISA.

Sincerely,

Albany Area Primary Health Care, Inc.  
Print Employer Name

By: Jacobi Rottman  
Signature

Title CFD

Dated: 1/24/03

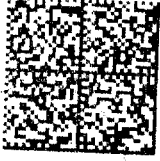
**BCG**

**Benefit Consultants Group**

P.O. Box 405  
Riverton, NJ 08077-0405



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