

2520040764747

**PLAN ADMINISTRATOR'S STATEMENT
FOR ALTERNATIVE METHOD OF COMPLIANCE
UNDER REGULATION §2520.104-23**

1. **NAME AND ADDRESS OF EMPLOYER.** The name and address of the employer is:

Crowne Partners, Inc.
1015 Financial Center
505 North 20th Street
Birmingham, Alabama 35203

2. **EMPLOYER IDENTIFICATION NUMBER.** The employer identification number assigned to the employer by the Internal Revenue Service is 63-1056824.

3. **DECLARATION.** The employer maintains a plan or plans primarily for the purpose of providing deferred compensation for a member of a select group of management or highly compensated employees.

4. **NUMBER OF PLANS AND EMPLOYEES.** The employer maintains one (1) such plan which covers one (1) employee. The plan consists of one (1) agreement between the employer and employee.

Dated: August 29, 2003

CROWNE PARTNERS, INC.

**BAKER
DONELSON**
BEARMAN, CALDWELL
& BERKOWITZ, PC

NO POST
NEED
05 SEP - 6

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BIRMINGHAM, ALABAMA 35203
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August 29, 2003

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

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

Gentlemen:

Enclosed please find the statement required by Labor Regulation 2520.104-23 with respect to the "top-hat plan" maintained by our client Crowne Partners, Inc.

Sincerely yours,

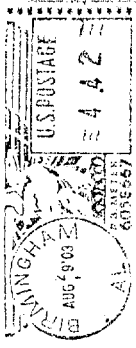
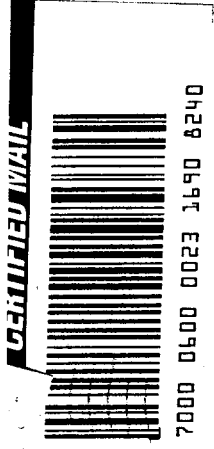

D.J. Simonetti

DJS:jar

Enclosure

**BAKER
DONELSON**
BEARMAN, CALDWELL
& BERKOWITZ, P.C.

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