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Division of Reports
Office of Program Services
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

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TOP HAT PLAN STATEMENT

The following statement is filed with the U.S. Department of Labor pursuant to Department of Labor Regulation §2520.104-23.

1. **Name and Address of Employer.**

The Lewis Bear Company
P.O. Box 13567
Pensacola, Florida 32591-3567

2. **Employer Identification Number.**

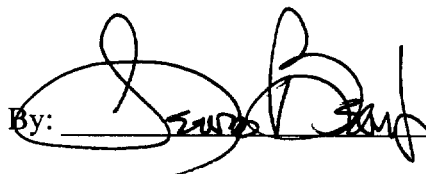
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3. **Statement of Employer Concerning Plan.** The employer maintains one plan, The Lewis Bear Company Nonqualified Deferred Compensation Plan (a "Top Hat Plan") primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

4. **Number of Top Hat Plans and Participants.** The employer maintains two Top Hat Plans and the number of employees participating in such plans is three.

THIS STATEMENT by the undersigned, the administrator of the above-referenced Top Hat Plan, is made as of the 31st day of December, 1997.

The Lewis Bear Company

By:  _____

Title: President

THE LEWIS BEAR COMPANY
P.O. Box 13567 · Pensacola, Florida 32591-3567

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right of the return address

CERTIFIED

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