Idaho Corporation Annual Report Form Due No Leter Then November 1,1991 PRENTICE HALL CORP SYSTEM 977 MAIN; SUITE 1000 Secretary of State Room 203, Statehouse Boise, ID 83720 CORPORATE BENEFIT SYSTEMS SERVI C/O Tax Dept., 1300 S. Clinton St. XWXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	patri.	INSTRUCT	IONS ON REVERSE SIDE			
Secretary: Secretary: Secretary: Solve Cornect I Not Cornect CORPORATE BENEFIT SYSTEMS SERVI C/O Tax Dept., 1300 S. Clinton St. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	No.			2. Registered Agent and Office NOT A P.O. BOX		
Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED **NO FEE REQUIRED **STREAM **NO FEE REQUIRED **NO	Secretary of State Room 203, Statehouse	🛶		I control of the cont		
Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED ** NO FEE REQUIRED ** NAME Street or P.O. Address ** President: Secretary: Directors: ** LIST ATTACHED ** Name Street or P.O. Address ** Socretary: Directors: ** Solution St. ** ATTACHED ** Solution St. ** ATTACHED ** Name Street or P.O. Address ** State Zip ** Solution St. ** ATTACHED ** Name Street or P.O. Address ** Solution St. ** Name Street or P.O. Address ** City State Zip ** State Zip ** Solution St. ** ATTACHED ** No FEE Require Address ** Name Street or P.O. Address ** City State Zip ** State Zip ** Directors: ** Directo		L Mailing Address - Please Correct, II. Not Correct				
** FINAL NOTICE ** NO FEE REQUIRED ** FINAL NOTICE ** NO FEE REQUIRED ** Street or P.O. Address ** Street or P.O. Address ** City State Zip ** President: Secretary: Directors: ** Directors: ** Directors: ** Directors: ** Street or P.O. Address ** Street or P.O. Address ** Directors: ** Directo		CORPORATE BENEFIT SYSTEMS SERVI		POISE	ID	83707
** FINAL NOTICE ** NO FEE REQUIRED EXAMPLES. IN 46801 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		c/o Tax Dept., 1300 S. Clinton St.		I NE		
Name Street or P.O. Address City State Zip President: LIST ATTACHED Secretary: Directors: 5. Nature of Business To provide administrative services. 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Pairon. Weller Date			46801 XXXXXXXXXXXXXXXXXXX			
President: LIST ATTACHED Secretary: Directors: 5. Nature of Business To provide administrative services. 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Paiom. Note: Date	4. Names and Addresses of Office	rs and Directors		The second secon		
Secretary: Directors: 5. Nature of Business To provide administrative services. 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Spirith. Business Date		Name	Street or P.O. Address	City	State	<u>Zip</u>
To provide administrative services. true, correct and complete. Signature Reiom. Welle Date	Secretary:	ATTACHED				
Name Name Lois M. Hoelle Title Assistant Secretary	-	ive true, correct	true, correct and complete. Signature Rois Date			
		Name (Name)	Lois M. Hoelle	Title	<u>Assistant</u>	Secretary

Corporate Benefit Systems Services Corporation (a Delaware corportion)

1300 South Clinton Street Fort Wayne, Indiana 46802

All Mail: P. O. Box 1110, Fort Wayne, Indiana 46801

219-455-2000

OFFICERS

Edward B. Martin President and Chief Executive Officer

Allan Baker Senior Vice President

Rex Hemme Vice President and Chief Actuary

C. Suzanne Womack Secretary

Max A. Roesler Treasurer

Sherry L. Crider Regional Vice President Richard A. Haas Regional Vice President

Timothy C. Brooks Assistant Vice President Bonnie J. Pett Assistant Vice President

Renee L. Beeks
Gloria J. Cox
Robert K. Gongwer
Lois M. Hoelle
Kharis K. Roach
Cynthia A. Rose
James N. Westafer
Assistant Secretary
Assistant Secretary
Assistant Secretary
Assistant Secretary
Assistant Secretary

John M. Beam Assistant Treasurer Bruce R. Boehmke Assistant Treasurer Walter W. Bonham, Jr. Assistant Treasurer Steven R. Brody Assistant Treasurer Joseph W. Clark Assistant Treasurer Robert R. Macke Assistant Treasurer Eldon J. Summers Assistant Treasurer O. Douglas Worthington Assistant Treasurer

DIRECTORS

Allan Baker Edward B. Martin Gary R. McPhail