

No. 081066	Idaho Corporation Annual Report Form		2. Registered Agent and Office																					
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 REC'D SEC. OF STATE	Due No Later Than November 1, 1988		C T CORPORATION SYSTEM 300 NORTH SIXTH STREET BOISE, IDAHO 83702																					
	1. Mailing Address — Please Correct 081066																							
	PROFESSIONAL NURSES BENEFITS ASS MOLLY R. PARKER 735 FIRST NATIONAL BUILDING OKLAHOMA CITY, OKLAHOMA 73102																							
88 OCT 31 AM 11 06				3. Incorporated Under The Laws of STATE OF TEXAS																				
4. Names and Addresses of Officers and Directors																								
<table border="1"> <thead> <tr> <th data-bbox="34 436 677 457">Name</th> <th data-bbox="677 436 1172 457">Street or P.O. Address</th> <th data-bbox="1172 436 1354 457">City</th> <th data-bbox="1354 436 1453 457">State</th> <th data-bbox="1453 436 1615 457">Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="34 457 677 484">President: ** Lee I. Levinson</td> <td data-bbox="677 457 1172 484">735 1st Nat'l Bldg.</td> <td data-bbox="1172 457 1354 484">Oklahoma City,</td> <td data-bbox="1354 457 1453 484">OK</td> <td data-bbox="1453 457 1615 484">73102</td> </tr> <tr> <td data-bbox="34 484 677 510">Secretary: ** Bill B. Elrod, M.D.</td> <td data-bbox="677 484 1172 510">735 1st Nat'l Bldg.</td> <td data-bbox="1172 484 1354 510">Oklahoma City,</td> <td data-bbox="1354 484 1453 510">OK</td> <td data-bbox="1453 484 1615 510">73102</td> </tr> <tr> <td data-bbox="34 510 677 542">Directors: ** Also Directors</td> <td data-bbox="677 510 1172 542"></td> <td data-bbox="1172 510 1354 542"></td> <td data-bbox="1354 510 1453 542"></td> <td data-bbox="1453 510 1615 542"></td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: ** Lee I. Levinson	735 1st Nat'l Bldg.	Oklahoma City,	OK	73102	Secretary: ** Bill B. Elrod, M.D.	735 1st Nat'l Bldg.	Oklahoma City,	OK	73102	Directors: ** Also Directors				
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5. Nature of Business Association for Professional Nurses		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td data-bbox="528 883 1172 925">Signature <i>Bill B Elrod M.D.</i></td> <td data-bbox="1172 883 1615 925">Date 10-25-88</td> </tr> <tr> <td data-bbox="528 925 1172 966">Name (Typed or Printed) Bill B. Elrod, M.D.</td> <td data-bbox="1172 925 1615 966">Title Secretary</td> </tr> </table>			Signature <i>Bill B Elrod M.D.</i>	Date 10-25-88	Name (Typed or Printed) Bill B. Elrod, M.D.	Title Secretary																
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