ILLINOIS GAS COMPANY **ICC Docket 08-xxxx**

Section 285.3015 Schedule C-2.4 WPC2.4a
Historical Test Year
12 Months Ended December 31
2008 HEALTH INSURANCE ESTIMATES (based on May invoices)

Lori A. Uhl, Assistant Treasurer & Comptroller
618-395-8588

Line No.	Employee / Retiree	PRINCIPAL Life/AD & D	PRINCIPAL Medical	PRINCIPAL Dental	STANDARD Life/AD & D	STANDARD LTD
	(a)	(b)	(c)	(d)	(e)	(f)
1	Roger Avery	$ -	$ -	$ -	$ 34.80	$ -
2	Craig Blackford	14.12	877.28	101.32	34.80	28.64
3	Danny Brooks	11.38	773.07	31.11	34.80	28.64
4	Gary Compton	14.12	1,144.40	63.41	34.80	28.64
5	Chad Greenwood	14.12	1,267.64	101.32	34.80	28.64
6	Gerri Harrington	14.12	787.23	69.04	34.80	18.81
7	Donna Henby	14.12	1,762.73	63.41	34.80	17.59
8	Robert Henson	14.12	1,033.56	101.32	34.80	28.64
9	Darin Houchin (75%)	10.59	814.78	75.99	26.10	26.25
10	Brook Hughes	14.12	1,273.72	101.32	34.80	28.64
11	Linda Kocher	14.12	1,452.67	63.41	34.80	17.59
12	Ben Lathrop	14.12	1,039.64	101.32	34.80	28.64
13	Terry Linton	14.12	947.22	63.41	34.80	28.64
14	Edgar Miller Jr	14.12	1,928.85	101.32	34.80	27.12
15	Brad Raley	14.12	757.89	63.41	34.80	33.82
16	Steve Runyon	14.12	1,320.45	101.32	34.80	28.64
17	Sirena Shan	-	-	-	-	13.95
18	Louis Shelton	14.12	1,762.73	63.41	-	-
19	Brad Steber	11.38	254.86	31.11	34.80	23.91
20	Lori Uhl	14.12	651.30	69.04	34.80	35.00
21	Brad Walker	14.12	1,273.72	101.32	34.80	28.64
22	Diana Wilson	11.38	586.17	31.11	34.80	21.66
23	Rick Zehner	14.12	787.23	69.04	34.80	31.09
24	Kevin Zuber	-	-	-	34.80	23.91
25	James Blevins	-	-	-	34.20	-
26	John Bowman	-	-	-	34.20	-
27	Leona Brunson	-	-	-	34.20	-
28	Juanita Ginther	-	-	-	34.20	-
29	Gerald Kelly	-	-	-	34.20	-
30	Lloyd Morain	-	-	-	34.20	-
31	Farrell Paddick	-	-	-	34.20	-
32	Charles Potts	-	-	-	34.20	-
33	Ralph Potts	-	-	-	34.20	-
34	Louis Shelton	-	-	-	34.20	-
35	Leon Wade	-	-	-	34.20	-
36	Bob Christy	-	-	-	34.20	-
37	Charles Huddleston	-	-	-	34.20	-
38	Roy Lathrop	-	-	-	34.20	-
39	Jerry Michels	-	-	-	34.20	-
40	Waldyne Seed	-	-	-	34.20	-
41	Robert Travers	-	-	-	34.20	-
42	Rosemary Wolfe	-	-	-	34.20	-
43	Monthly Total	$ 284.77	$ 22,497.14	$ 1,567.46	$ 1,372.50	$ 577.10
44	Mutual of Omaha Supplement		4,523.52			
45	*2008 Annualized Expense*	$ 3,417.24	$ 274,489.17	$ 18,809.52	$ 16,470.00	$ 6,925.20
48						
49		926520	926510	926540	see	926530
50	2007 Expense	$ 15,052.79	$ 290,169.12	$ 19,898.38	principal	$ 6,254.42
51	**Adjustments**	**$ 4,834.45**	**$ (15,679.95)**	**$ (1,088.86)**		**$ 670.78**
52						
53	**Less: 2008 employee deduction (14)**		**(25,480.00)**		**Total Adjustment**	**(36,743.58)**
54						
55						
56	**Note: Employee co-pay to cover spouse on insurance was new in 2008 union contract (p 13).**					

Principal Financial Group

Principal Financial Group
Des Moines, IA 50392-0001

Principal Life Insurance Company

PREMIUM STATEMENT

This statement in no way changes the contract or waives any overdue payment

Account Number P33326-1 **Lb. No.** 16 33326 00001 92

Due Date 05/01/08 **Stmt Date** 04/17/08 **Billing Period** 05/01/08 - 05/31/08

003500

ILLINOIS GAS COMPANY
ATTN BNFTS ADMINISTRATOR
PO BOX 490
OLNEY IL 62450

Please Pay Balance Due
$ 43,883.27

PLEASE REVIEW ALL MESSAGES BELOW. THEY CONTAIN INFORMATION RELATED TO YOUR PREMIUM PAYMENTS AND THE ADMINISTRATION OF YOUR PLAN. IF YOU HAVE QUESTIONS REGARDING ANY OF THESE MESSAGES, PLEASE CONTACT US AT THE NUMBER LISTED BELOW.

IT IS IMPORTANT TO REPORT NEW ENROLLMENTS, TERMINATIONS, AND CHANGES IN DEPENDENT STATUS PROMPTLY TO OUR WEBSITE AT WWW.PRINCIPAL.COM OR NOTIFY OUR ADMINISTRATION AREA. WEB REPORTING REQUIRES A PIN. IF YOU DO NOT HAVE A PIN, PLEASE CALL 800-621-6280. REPORTING CHANGES PROMPTLY WILL RESULT IN A MORE ACCURATE PREMIUM STATEMENT. CHANGES SHOULD NOT BE SENT WITH YOUR PAYMENT.

FOR ASSISTANCE, PLEASE CALL TOLL FREE: 1-800-843-1371

****
PROVIDING YOU WITH GOOD SERVICE IS IMPORTANT. PLEASE REVIEW YOUR STATEMENT EACH MONTH TO ENSURE PROMPT AND ACCURATE CLAIM PAYMENT.
****

Principal Financial Group

Principal Financial Group
Des Moines, IA 50392-0001

Principal Life Insurance Company

This statement in no way changes the contract or waives any overdue payment

0004388327 000000000000 001633326000019 2 1

RETURN THIS PORTION WITH YOUR PAYMENT.

ILLINOIS GAS COMPANY
ATTN BNFTS ADMINISTRATOR
PO BOX 490
OLNEY IL 62450

Make check payable and mail to:

PRINCIPAL LIFE
GROUP, GRAND ISLAND
P O BOX 14513
DES MOINES IA 50306-3513

Account Number P33326-1 **Lb. No.** 16 33326 00001 92

Due Date 05/01/08 **Stmt Date** 04/17/08 **Billing Period** 05/01/08 - 05/31/08

Please Pay Balance Due
$ 43,883.27

PREMIUM MUST BE RECEIVED WITHIN 30 DAYS OF 05/01/08

F728GP-2

100 000100 000000 CGS63188108189930600100 1 0009359 001 OF 003

Principal Financial Group

Principal Financial Group
Des Moines, IA 50392-0002

Principal Life Insurance Company

PREMIUM STATEMENT
This statement in no way changes the contract or waives any overdue payment

THIS IS YOUR COPY. PLEASE KEEP FOR YOUR RECORDS.

ACCOUNT NO. P33326-1 ILLINOIS GAS COMPANY LB. NO. 16 33326 00001 92 DUE DATE: 05/01/08 STMT DATE: 04/17/08

ID NUMBER	NAME	AGE	BILL MONTH	LIFE/ADAD BNFT	LIFE/ADAD PREM	DEP LIFE PREM	DEP STATUS +	MEDICAL EMP	MEDICAL DEP	DEP STATUS ++	DENTAL EMP	DENTAL DEP	CHARGE/ CREDIT
965647422	BLACKFORD	35	050108	25000	11.38	2.74	ES1C	322.82	554.46	ESC	31.11	70.21	992.72
933076317	BROOKS DAN	57	050108	25000	11.38		EMP	773.07	.00	EMP	31.11	.00	815.56
936313152	COMPTON GA	53	050108	25000	11.38	2.74	ES	586.17	558.23	ES	31.11	32.30	1,221.93
905720374	CUMMINS CY	40	050108	25000	11.38	2.74	ES3C	369.55	950.90	ESC	31.11	70.21	1,435.89
949891768	ENLOE CHAR	50	050108	25000	11.38	2.74	ES3C	586.17	1120.79	ESC	31.11	70.21	1,822.40
969056999	GEBELIN MI	52	050108	25000	11.38	2.74	ES1C	586.17	724.35	ESC	31.11	70.21	1,425.96
908529365	GREENWOOD	33	050108	25000	11.38	2.74	ES3C	297.33	970.31	ESC	31.11	70.21	1,383.08
930477437	HARRINGTON	45	050108	25000	11.38	2.74	E2C	458.75	328.48	EC	31.11	37.93	870.39
959597907	HENBY DONN	60	050108	25000	11.38	2.74	ES	947.22	815.51	ES	31.11	32.30	1,840.26
993499680	HENSON ROB	34	050108	25000	11.38	2.74	ES2C	297.33	736.23	ESC	31.11	70.21	1,149.00
923082712	HOUGHIN DA	41	050108	25000	11.38	2.74	ES2C	369.55	716.82	ESC	31.11	70.21	1,201.81
984963694	HUGHES BRO	EE CHANGE SUMMARY : BENEFIT CHANGE 03/31/2008											
		38	050108	25000	11.38	2.74	ES3C	322.82	950.90	ESC	31.11	70.21	1,389.16
		38	040108	25000	11.38	2.74	ES3C	322.82	950.90	ESC	31.11	70.21	1,389.16
		38	040108	25000	11.38	2.74	E3C	322.82	562.56	EC	31.11	37.93	968.54-
924418107	JONES BRIA	34	050108	25000	11.38	2.74	ES1C	297.33	573.87	ESC	31.11	70.21	986.64
945793932	KIMMEL DOU	52	050108	25000	11.38	2.74	ES	586.17	558.23	ES	31.11	32.30	1,221.93
956843987	KOCHER LIN	56	050108	25000	11.38	2.74	ES	773.07	679.60	ES	31.11	32.30	1,530.20
985593512	LATHROP BE	38	050108	25000	11.38	2.74	ES2C	322.82	716.82	ESC	31.11	70.21	1,155.08
956560183	LATINA DAN	34	050108	25000	11.38	2.74	ES1C	297.33	573.87	ESC	31.11	70.21	986.64
991511714	LEONARD DE	50	050108	25000	11.38		EMP	586.17	.00	EMP	31.11	.00	628.66
963371049	LINTON TER	60	050108	25000	11.38	2.74	EMP	947.22	.00	ES	31.11	32.30	1,024.75
917551025	MCCORMACK	48	050108	25000	11.38	2.74	ES	458.75	461.15	ES	31.11	32.30	997.43
939082830	MILLER JR	61	050108	25000	11.38	2.74	ES1C	947.22	981.63	ESC	31.11	70.21	2,044.29
967974566	MOSS JAMES	52	050108	25000	11.38	2.74	ES2C	586.17	886.71	ESC	31.11	70.21	1,588.32
970172988	NEIGHBORS	46	050108	25000	11.38	2.74	ES2C	458.75	789.83	ESC	31.11	70.21	1,363.82
901394477	PINE SCOTT	49	050108	25000	11.38	2.74	E1C	458.75	166.12	ESC	31.11	70.21	740.31
905891629	RALEY BRAD	43	050108	25000	11.38	2.74	ES	369.55	388.34	ES	31.11	32.30	835.42
954566617	ROBBINS DI	47	050108	25000	11.38	2.74	ES3C	458.75	1023.71	ESC	31.11	70.21	1,597.90
905524032	ROWLAND BR	23	050108	25000	11.38	2.74	ES	254.86	378.63	ES	31.11	32.30	711.02
960225574	RUNYON STE	44	050108	25000	11.38	2.74	ES3C	369.55	950.90	ESC	31.11	70.21	1,435.89
918248593	SHELTON LO	62	050108	25000	11.38	2.74	ES	947.22	815.51	ES	31.11	32.30	1,840.26
994860088	STEBER BRA	24	050108	25000	11.38		EMP	254.86	.00	EMP	31.11	.00	297.35
979212158	STIPP KYLE	EE CHANGE SUMMARY : AGE CHANGE 05/01/2008											
		30	050108	25000	11.38		EMP	297.33	.00	EMP	31.11	.00	339.82

\+ MED PLAN DESCRIPTIONS: EMP/E = EMPLOYEE, S = SPOUSE, 1C = 1 CHILD, 2C = 2 CHILDREN, 3C = 3 OR MORE CHILDREN
++ DENT PLAN DESCRIPTIONS: EMP/E = EMPLOYEE, S = SPOUSE, C = CHILDREN

FOR ASSISTANCE, PLEASE CALL TOLL FREE: 1-800-843-1371

Principal Financial Group

Principal Financial Group
Des Moines, IA 50392-0002

Principal Life Insurance Company

PREMIUM STATEMENT
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ACCOUNT NO. P33326-1 ILLINOIS GAS COMPANY LB. NO. 16 33326 00001 92 DUE DATE: 05/01/08 STMT DATE: 04/17/08

ID NUMBER	NAME	AGE	BILL MONTH	LIFE/AD&D BNFT	LIFE/AD&D PREM	DEP LIFE PREM	DEP STATUS +	MEDICAL EMP	MEDICAL DEP	DEP STATUS ++	DENTAL EMP	DENTAL DEP	CHARGE/ CREDIT
974842454	UHL LORI	36	050108	25000	11.38	2.74	E2C	322.82	328.48	EC	31.11	37.93	734.46
947464934	VALENTINE	59	050108	25000	11.38	2.74	ES	773.07	679.60	ES	31.11	32.30	1,530.20
973464754	WALKER BRA	38	050108	25000	11.38	2.74	ES3C	322.82	950.90	ESC	31.11	70.21	1,389.16
900075421	WILSON DIA	54	050108	25000	11.38		EMP	586.17	.00	EMP	31.11	.00	628.66
958900452	WOOD DAVID	44	050108	25000	11.38	2.74	ES3C	369.55	950.90	ESC	31.11	70.21	1,435.89
977644651	ZEHNER RIC	46	050108	25000	11.38	2.74	E2C	458.75	328.48	EC	31.11	37.93	870.39

SUMMARY TOTALS - TOTAL COVERED 37

COVERED FOR MEDICAL		COVERED FOR DENTAL			
EMP	37	EMP	37	LIFE / AD&D	925.000
SPOUSE	27	SPOUSE	10	DEPENDENT LIFE	32
1 CHILD	6	SPOUSE/CHILD	19		
2 CHILD	8	CHILDREN	3		
3+CHILD	6				

BAL DUE LAST	43,074.24
PMT SINCE LAST	43,074.24
NET CREDITS	.00
BAL FORWARD	.00
CHARGES THIS STMT	43,883.27
TOTAL AMT DUE	43,883.27

LIFE / AD&D PREMIUM TOTALS		$421.06		
DEPENDENT LIFE PREMIUM TOTALS		$87.68		
MEDICAL PREMIUM TOTALS	EMPLOYEE	$18,422.00	DEPENDENT	$21,998.40
DENTAL PREMIUM TOTALS	EMPLOYEE	$1,151.07	DEPENDENT	$1,803.06

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++ DENT PLAN DESCRIPTIONS: EMP/E = EMPLOYEE, S = SPOUSE, C = CHILDREN

FOR ASSISTANCE, PLEASE CALL TOLL FREE: 1-800-843-1371

05/01/2008 000 000000 000000 CGS63188108189930600100 0009361 003 OF 003

ICC Docket 08-xxxx
Section 285.3015 Sch C-2.4
WPC-2.4a
3 of 10

MUTUAL of OMAHA INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175-0001

KEEP FOR YOUR RECORDS
CLAIM SERVICE: 1-800-775-1000
POLICY SERVICE: 1-800-775-6000
WEBSITE: www.mutualofomaha.com

COVERAGE ID NUMBER: 571653-83M

MEDICARE SUPPLEMENT	$1,130.88
PAYMENT DUE DATE:	APRIL 01, 2008
PAYMENT MODE:	QUARTERLY
PAYS FOR:	3 MONTH(S)
TOTAL DUE:	**$1,130.88**

375.33
926510

14546 1N 01
LLOYD L MORAIN
PO BOX 490
OLNEY IL 62450-0490

OK
OS

HO Information: 0420S 00664 00000001 A1 01

You may make your payments, review your policy benefits and read about Mutual of Omaha's other products and services quickly and easily by registering for Customer Access at www.mutualofomaha.com. Just click on the Customer Access icon in the top right hand corner of your screen.

This is your premium notice for the coverage shown above. To ensure this coverage stays in force, simply detach the billing statement at the bottom of this page and send it along with your check or money order by the Payment Due Date shown above. Please make sure the return address shows through the window of the enclosed envelope.

If you have any questions about your coverage, please give us a call at the number shown above; one of our friendly customer service representatives is waiting to assist you.

****

If your needs have changed, you can learn more about other types of coverage we offer by checking the appropriate box or boxes below. Then detach the form along the perforation, and send it along with your payment and Premium Notice in the enclosed envelope.

If your address, name or phone number has changed, please make changes in the box below and return this form with your Premium Notice and payment.

COVERAGE ID: 571653-83M
LLOYD L MORAIN
PO BOX 490
OLNEY IL 62450-0490

PH #: (618) 395-8588
SS#.

DO NOT COMPLETE THIS BOX UNLESS THERE ARE CORRECTIONS

NAME (FIRST/MIDDLE/LAST)		
STREET		
CITY	STATE	ZIP
PHONE		SOC. SEC. #

Please check the box or boxes below for information, without cost or obligation, on specific products:
(Information available in most states)

Mutual of Omaha Investor Services, Inc
Mutual of Omaha Plaza
Omaha, NE 68175-1220
- ☐ Mutual Funds
- ☐ Variable Products

Mutual of Omaha Insurance Company
- ☐ Health Insurance
- ☐ Long Term Care Insurance
- ☐ Disability Income Insurance
- ☐ Critical Illness Insurance
- ☐ Medicare Supplement Insurance *

United of Omaha Life Insurance Company
- ☐ Life Insurance
- ☐ Annuities

United World Life Insurance Company
(Not available in all states)
- ☐ Medicare Supplement Insurance *

* Not connected with or endorsed by the US government or federal Medicare program.

This is an offer for insurance and an insurance agent may contact you by telephone to provide additional information.

MLR29541 0304 * * * * * **Detach and return lower portion with your payment** * * * * March 3, 2008

TheStandard℠
Positively different.

ILLINOIS GAS COMPANY
ATTN MR RICK ZEHNER
PO BOX 490
OLNEY IL 62450-0490

00 621992 0002

Payment Coupon for Premium Submittal Only

Please send any correspondence or billing changes separately - not with your premium payment.

To report any changes to employee or policyholder information, please submit a Billing Change Form to Standard Insurance Company as follows. You may:

1) Fax The Standard at: (800)378-2403 , or
2) Mail your completed form to us in one of the supply envelopes provided to you:
   THE STANDARD,PSB3A/CENT,920 SW 6TH AVENUE,PORTLAND,OR,97204

Please detach and send lower portion with your check, made payable to **The Standard,** in the window envelope provided (no correspondence here please). Please fax or submit any billing changes or other correspondence to us separately as indicated above.

BILLING STATEMENT

PLEASE SEND YOUR PAYMENT COUPON AND PAYMENT TO
STANDARD INSURANCE COMPANY RC
PO BOX 5676
PORTLAND OR 97228-5676

NAME & ADDRESS
ILLINOIS GAS COMPANY
ATTN MR RICK ZEHNER
PO BOX 490
OLNEY IL 62450-0490

POLICY NUMBER 00 621992
DIVSN 0002

DATE PRINTED APR. 16, 2008
PREMIUM DUE DATE MAY 01, 2008

WOULD YOU LIKE TO SIMPLIFY YOUR MEMBER CHANGES? UPDATE YOUR MEMBERSHIP DATA ONLINE THROUGHOUT THE BUSINESS DAY WITH E-BILLING ADMINISTRATION. TO SIGN UP FOR E-BUSINESS SERVICES, VISIT HTTP://ADMINEASE.STANDARD.COM

LINE	MEMBER ID	NAME	BILL CAT	EFFECTIVE DATE	BLIFE PREM	BLIFE VOL	AD&D PREM	AD&D VOL	PREMIUM DUE
1	*****7074	AVERY, ROGER C	0100	05/01/97	34.20	15,000	.60	15,000	34.80
2	*****7684	BLACKFORD, CRAIG E	0100	06/04/02	34.20	15,000	.60	15,000	34.80
3	*****3846	BROOKS, DANNY	0100	05/01/97	34.20	15,000	.60	15,000	34.80
4	*****2659	BURNICLE, JAMES R	0100	01/08/06	34.20	15,000	.60	15,000	34.80
5	*****0982	COMPTON, GARY	0100	05/01/97	34.20	15,000	.60	15,000	34.80
6	*****7410	CUMMINS, CYNTHIA	0100	05/01/97	34.20	15,000	.60	15,000	34.80
7	*****9243	ENLOE, CHARLES LIN	0100	01/03/00	34.20	15,000	.60	15,000	34.80
8	*****2854	ERXLEBEN, ROBERT	0100	02/01/04	34.20	15,000	.60	15,000	34.80
9	*****0893	GEBELIN, MICHAEL O	0100	05/03/03	34.20	15,000	.60	15,000	34.80
10	*****9173	GREENWOOD, CHAD W	0100	04/04/01	34.20	15,000	.60	15,000	34.80
11	*****4543	HARRINGTON, GERRI	0100	05/17/00	34.20	15,000	.60	15,000	34.80
12	*****6084	HENBY, DONNA	0100	05/01/97	34.20	15,000	.60	15,000	34.80
13	*****4339	HENSON, ROBERT L	0100	05/01/97	34.20	15,000	.60	15,000	34.80
14	*****0760	HOUCHIN, DARIN	0100	05/01/97	34.20	15,000	.60	15,000	34.80
15	*****1123	HUGHES, BROOK	0100	05/01/97	34.20	15,000	.60	15,000	34.80
16	*****9043	JONES, BRIAN	0100	07/13/06	34.20	15,000	.60	15,000	34.80
17	*****1524	KIMMEL, DOUGLAS S	0100	05/03/03	34.20	15,000	.60	15,000	34.80
18	*****5425	KOCHER, LINDA	0100	05/01/97	34.20	15,000	.60	15,000	34.80
19	*****4068	KYLE, STIPP R	0100	12/28/00	34.20	15,000	.60	15,000	34.80
20	*****9021	LATHROP, BEN	0100	05/01/97	34.20	15,000	.60	15,000	34.80
21	*****3366	LATINA, DANIEL J	0100	03/07/06	34.20	15,000	.60	15,000	34.80
22	*****5102	LEONARD, DEBRA J	0100	10/01/04	34.20	15,000	.60	15,000	34.80
23	*****3511	LINTON, TERRY	0100	05/01/97	34.20	15,000	.60	15,000	34.80
24	*****2652	MCCORMACK, TINA M	0100	05/03/03	34.20	15,000	.60	15,000	34.80
25	*****7778	MILLER, EDGAR	0100	05/01/97	34.20	15,000	.60	15,000	34.80
26	*****3430	MOSS, JAMES E	0100	05/03/03	34.20	15,000	.60	15,000	34.80
27	*****4281	NEIGHBORS, MARTY L	0100	05/03/03	34.20	15,000	.60	15,000	34.80
28	*****3190	PINE, SCOTT D	0100	12/28/00	34.20	15,000	.60	15,000	34.80
29	*****6829	RALEY, BRADLEY	0100	05/01/97	34.20	15,000	.60	15,000	34.80
30	*****1188	ROBBINS, DIANE S	0100	05/03/03	34.20	15,000	.60	15,000	34.80
31	*****9448	ROWLAND, BRAD J	0100	03/06/07	34.20	15,000	.60	15,000	34.80
32	*****6521	RUNYON, STEVEN	0100	05/01/97	34.20	15,000	.60	15,000	34.80
33	*****6417	STEBER, BRADLEY J	0100	03/13/07	34.20	15,000	.60	15,000	34.80
34	*****5816	UHL, LORI	0100	01/02/03	34.20	15,000	.60	15,000	34.80
35	*****2072	VALENTINE, LINDA D	0100	05/03/03	34.20	15,000	.60	15,000	34.80
36	*****3611	WALKER, BRADLEY L	0100	05/01/97	34.20	15,000	.60	15,000	34.80
37	*****0775	WILSON, DIANA S	0100	05/01/97	34.20	15,000	.60	15,000	34.80
38	*****8350	WOOD, DAVID K	0100	03/12/02	34.20	15,000	.60	15,000	34.80
39	*****5155	ZEHNER, RICKY	0100	05/01/97	34.20	15,000	.60	15,000	34.80

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BILLING STATEMENT

PLEASE SEND YOUR PAYMENT COUPON AND PAYMENT TO

STANDARD INSURANCE COMPANY RC
PO BOX 5676
PORTLAND OR 97228-5676

NAME & ADDRESS

(CONT) ILLINOIS GAS COMPANY
ATTN MR RICK ZEHNER
PO BOX 490
OLNEY IL 62450-0490

POLICY NUMBER 00 621992 DIVSN 0002

DATE PRINTED APR. 16, 2008

PREMIUM DUE DATE MAY 01, 2008

LINE	MEMBER ID	NAME	BILL CAT	EFFECTIVE DATE	BLIFE PREM	BLIFE VOL	AD&D PREM	AD&D VOL	PREMIUM DUE
40	*****0952	ZUBER, KEVIN L	0100	04/17/08	34.20	15,000	.60	15,000	34.80
41								SUBTOTAL FOR BILLING CATEGORY 0100	1392.00
42	*****3504	BLEVINS, JAMES W	0300	05/01/97	34.20	15,000			34.20
43	*****0407	BOWMAN, JOHN	0300	05/01/97	34.20	15,000			34.20
44	*****1422	BRUNSON, LEONA F	0300	05/01/97	34.20	15,000			34.20
45	*****6775	GINTHER, JUANITA J	0300	05/01/97	34.20	15,000			34.20
46	*****2051	KELLY, GERALD	0300	05/01/97	34.20	15,000			34.20
47	*****8776	MORAIN, LLOYD L	0300	05/01/97	34.20	15,000			34.20
48	*****9250	PADDICK, FARRELL R	0300	01/01/97	34.20	15,000			34.20
49	*****8078	POTTS, CHARLES F	0300	01/01/97	34.20	15,000			34.20
50	*****7189	POTTS, RALPH	0300	05/01/97	34.20	15,000			34.20
51	*****1880	SHELTON, LOUIS	0300	05/01/97	34.20	15,000			34.20
52	*****1919	WADE, LEON C	0300	01/01/97	34.20	15,000			34.20
53								SUBTOTAL FOR BILLING CATEGORY 0300	376.20
54	*****4253	CHRISTY, BOB	0400	05/01/97	42.18	18,500			42.18
55	*****7231	HUDDLESTON, CHARLE	0400	05/01/97	42.18	18,500			42.18
56	*****3744	LATHROP, ROY	0400	05/01/97	42.18	18,500			42.18
57	*****0455	MICHELS, JERRY	0400	05/01/97	42.18	18,500			42.18
58	*****5779	SEED, WALDYNE	0400	08/01/95	42.18	18,500			42.18
59	*****6315	TRAVERS, ROBERT E	0400	01/01/97	42.18	18,500			42.18
60	*****2667	WOLFE, ROSEMARY	0400	08/01/95	42.18	18,500			42.18
61								SUBTOTAL FOR BILLING CATEGORY 0400	295.26
	*** MEMBER ADJUSTMENTS ***								
62	*****1880	SHELTON, LOUIS	0300	04/01/08			.60-		.60-
63								SUBTOTAL FOR BILLING CATEGORY 0300	.60-

- - - - - DIVISION TOTALS BY COVERAGE - - - - -

		MEMBER			DEPENDENT	
	CVRG	LIVES	VOLUME	PREMIUM	LIVES	PREMIUM
64	BLIFE	58	894500	2039.46	0	.00
65	AD&D	40	600000	23.40	0	.00
66						
67						
68						

--------- BILL SUMMARY TOTALS ----------

TOTAL PREMIUMS	2063.46
TOTAL MEMBER ADJUSTMENTS	.60-
TOTAL THIS BILL	2062.86
OUTSTANDING BAL AS OF 04/16/08	.00
PLEASE PAY THIS AMOUNT	2062.86

CHANGES: SEE INSTRUCTIONS ON BILLING CHANGE FORM. ADJUSTMENTS WILL APPEAR ON SUBSEQUENT BILL.
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ILLINOIS GAS COMPANY
ATTN MR RICK ZEHNER
PO BOX 490
OLNEY IL 62450-0490

00 621992 0001

Payment Coupon for Premium Submittal Only

Please send any correspondence or billing changes separately - not with your premium payment.

To report any changes to employee or policyholder information, please submit a Billing Change Form to Standard Insurance Company as follows. You may:

1) Fax The Standard at: (800)378-2403 , or
2) Mail your completed form to us in one of the supply envelopes provided to you:
   THE STANDARD,PSB3A/CENT,920 SW 6TH AVENUE,PORTLAND,OR,97204

Please detach and send lower portion with your check, made payable to **The Standard,** in the window envelope provided (no correspondence here please). Please fax or submit any billing changes or other correspondence to us separately as indicated above.

BILLING STATEMENT

PLEASE SEND YOUR PAYMENT COUPON AND PAYMENT TO
STANDARD INSURANCE COMPANY RC
PO BOX 5676
PORTLAND OR 97228-5676

NAME & ADDRESS
ILLINOIS GAS COMPANY
ATTN MR RICK ZEHNER
PO BOX 490
OLNEY IL 62450-0490

POLICY NUMBER 00 621992 DIVSN 0001

DATE PRINTED APR. 16, 2008

PREMIUM DUE DATE MAY 01, 2008

WOULD YOU LIKE TO SIMPLIFY YOUR MEMBER CHANGES? UPDATE YOUR MEMBERSHIP DATA ONLINE THROUGHOUT THE BUSINESS DAY WITH E-BILLING ADMINISTRATION. TO SIGN UP FOR E-BUSINESS SERVICES, VISIT HTTP://ADMINEASE.STANDARD.COM

LINE	MEMBER ID	NAME	BILL CAT	EFFECTIVE DATE	LTD PREM	LTD VOL	PREMIUM DUE
1	*****7684	BLACKFORD, CRAIG E	0100	04/01/02	28.64	4,091	28.64
2	*****3846	BROOKS, DANNY	0100	08/01/95	28.64	4,091	28.64
3	*****4904	BURNICLE, ALAYNE R	0100	05/01/07	13.95	1,993	13.95
4	*****2659	BURNICLE, JAMES R	0100	11/01/05	13.95	1,993	13.95
5	*****0982	COMPTON, GARY	0100	08/01/95	28.64	4,091	28.64
6	*****7410	CUMMINS, CYNTHIA	0100	08/01/95	21.96	3,137	21.96
7	*****9243	ENLOE, CHARLES LIN	0100	02/01/00	35.00	5,000	35.00
8	*****2854	ERXLEBEN JR, ROBER	0100	06/01/04	35.00	5,000	35.00
9	*****0893	GEBELIN, MICHAEL	0100	03/01/03	17.47	2,496	17.47
10	*****9173	GREENWOOD, CHAD W	0100	02/01/01	28.64	4,091	28.64
11	*****4543	HARRINGTON, GERRI	0100	03/01/00	18.81	2,687	18.81
12	*****6084	HENBY, DONNA	0100	08/01/95	17.59	2,513	17.59
13	*****4339	HENSON, ROBERT L	0100	11/01/96	28.64	4,091	28.64
14	*****0760	HOUCHIN, DARIN	0100	08/01/95	35.00	5,000	35.00
15	*****1123	HUGHES, BROOK	0100	08/01/95	28.64	4,091	28.64
16	*****9043	JONES, BRIAN M	0100	05/01/06	33.37	4,767	33.37
17	*****1524	KIMMEL, DOUGLAS S	0100	03/01/03	21.84	3,120	21.84
18	*****5425	KOCHER, LINDA	0100	08/01/95	17.59	2,513	17.59
19	*****9021	LATHROP, BENTON	0100	08/01/95	28.64	4,091	28.64
20	*****3366	LATINA, DANIEL J	0100	01/01/06	25.48	3,640	25.48
21	*****5102	LEONARD, DEBRA J	0100	07/01/04	20.87	2,982	20.87
22	*****3511	LINTON, TERRY	0100	08/01/95	28.64	4,091	28.64
23	*****2652	MCCORMACK, TINA M	0100	03/01/03	15.17	2,167	15.17
24	*****7778	MILLER, EDGAR	0100	08/01/95	27.12	3,874	27.12
25	*****3430	MOSS, JAMES E	0100	03/01/03	22.83	3,261	22.83
26	*****4281	NEIGHBORS, MARTY	0100	03/01/03	15.04	2,149	15.04
27	*****3190	PINE, SCOTT D	0100	10/01/00	32.23	4,604	32.23
28	*****6829	RALEY, BRADLEY	0100	08/01/95	33.82	4,832	33.82
29	*****1188	ROBBINS, DIANE S	0100	03/01/03	15.17	2,167	15.17
30	*****9448	ROWLAND, BRAD J	0100	01/01/07	17.96	2,565	17.96
31	*****6521	RUNYON, STEVEN	0100	08/01/95	28.64	4,091	28.64
32	*****9477	SHAN, SIRENA M	0100	04/01/08	13.95	1,993	13.95
33	*****6417	STEBER, BRADLEY J	0100	01/01/07	23.91	3,415	23.91
34	*****4068	STIPP, KYLE R	0100	10/01/00	27.12	3,874	27.12
35	*****5816	UHL, LORI A	0100	11/01/02	35.00	5,000	35.00
36	*****2072	VALENTINE, LINDA D	0100	03/01/03	15.95	2,279	15.95
37	*****3611	WALKER, BRADLEY L	0100	01/01/96	28.64	4,091	28.64
38	*****0775	WILSON, DIANA S	0100	04/01/96	21.66	3,094	21.66
39	*****8350	WOOD, DAVID K	0100	01/01/02	35.00	5,000	35.00

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POLICY NUMBER DIVSN
00 621992 0001

DATE PRINTED
APR. 16, 2008

PREMIUM DUE DATE
MAY 01, 2008

LINE	MEMBER ID NAME	BILL CAT	EFFECTIVE DATE	LTD PREM	LTD VOL	PREMIUM DUE
40	*****5155 ZEHNER, RICKY	0100	08/01/95	31.09	4,442	31.09
41	*****0952 ZUBER, KEVIN L	0100	02/01/08	23.91	3,415	23.91
42					SUBTOTAL FOR BILLING CATEGORY 0100	1021.21
	*** MEMBER ADJUSTMENTS ***					
43	*****9477 SHAN, SIRENA M	0100	04/01/08	13.95		13.95
44	*****1880 SHELTON, LOUIS	0100	04/01/08	28.64-		28.64-
45					SUBTOTAL FOR BILLING CATEGORY 0100	14.69-

- - - - - DIVISION TOTALS BY COVERAGE - - - - -

	CVRG	MEMBER LIVES	MEMBER VOLUME	MEMBER PREMIUM	DEPENDENT LIVES	DEPENDENT PREMIUM
46	LTD	41	145882	1006.52	0	.00
47						
48						
49						
50						

--------- BILL SUMMARY TOTALS ----------

TOTAL PREMIUMS	1021.21
TOTAL MEMBER ADJUSTMENTS	14.69-
TOTAL THIS BILL	1006.52
OUTSTANDING BAL AS OF 04/16/08	.00
PLEASE PAY THIS AMOUNT	1006.52

CHANGES: SEE INSTRUCTIONS ON BILLING CHANGE FORM. ADJUSTMENTS WILL APPEAR ON SUBSEQUENT BILL.
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