FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|---------------------|-------------------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average b | Number: 3235-0287 | | | | | | | |

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | | | | | | | | | | · , | | | | | | | | |
|---------------------------------------------------------------|--|-----|------------------|-------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------|--------|--------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------|------------|-----------------------------------------------------|
| 1. Name and Address of Reporting Person* LORENTSON JEFFREY B | | | | | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
| (Last) (First) (Middle) 200 EAST JACKSON STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/24/2009 | | | | | | | | | X Officer (give title X Other (specify below) Senior Vice President / Chief Risk Officer | | | | | | |
| (Street) MUNCII (City) | | | 47305 (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Lin | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tab | le I - Non | -Deriva | ative | Se | curitie | s Acq | uired, | Disp | osed c | of, o | r Ben | eficial | ly Owned | ı | | | |
| Date | | | | | e nth/Day/Year) i | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | Benefici Owned F | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Reported Transact (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Common Stock | | | | 02/24 | 4/2009 | | | | A | A 1,50 | | 0 | A | \$0 | 1,500 ⁽¹⁾ | | | D | |
| | | 7 | able II - I (| Derivat e.g., pu | | | | | | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | | | Date, T | ransaction of E Code (Instr. Derivative (| | Date Exercisable and xpiration Date And to the Andrews (North/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 14) | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | | | | | - 1: | Amount | | | | | |

Date

Exercisable

02/24/2011

(D)

(A)

1,500

Expiration

02/24/2019

Title

Explanation of Responses:

\$11.14

Employee Stock Option

(Right to Buy)

1. Includes 5,000 shares in restricted stock awards.

<u>Larry R. Helms (Confirming Statement on File)</u>

Number

of Shares

1,500

\$<mark>0</mark>

02/26/2009

3,000

D

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

02/24/2009

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

Α

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.