FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| washington, D.C. 20549 | |
|------------------------|--|
| | |

| OMB A | APPROVAL |
|-------------|----------|
| OMB Number: | 3235-028 |

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

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|--------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average burden | | | | | | |
| hours per response: | | | | | | |

| Name and Address of Reporting Person* Eddy Kathy G | | | | | | | | | | | | | | lationship o ck all applica Director | able) | g Pers | on(s) to Iss 10% Ov | | | | | |
|--|---|--------------------|--|---|--|---------------|-------|--|----------|----------------------|--|--------------------------|----------------------|---|--|---|---|---------------------------------------|-------------|--|--------------------|---------|
| (Last) | ` | irst) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 11/14/2008 | | | | | | | | | | | | | | Officer (below) | (give title | | Other (s below) | specify |
| (Street) CAMP H | | A state) | 17001-8888 | 8 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | 6. Ind Line) X | | ed by One led by Mor | e Repo | (Check Apporting Person One Report | n | | | | | | | |
| (City) | (5 | • | | D | | | | | <u> </u> | | - f D | | | 0 | | | | | | | | |
| Table I - Nor 1. Title of Security (Instr. 3) | | | 2. Transa Date | | | 3. Transac | ction | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | ired (A) o | or S. Amount of Securities Beneficially Owned Followin Reported | | s lly ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | |
| | | | | | | | | Code | V | Amoun | t (A) | Pric | се | Transaction(s) (Instr. 3 and 4) | | | | | | | | |
| Common | Stock, \$1.2 | 25 par value | | | | | | | | | | | | 2,000 D | | | | | | | | |
| | | | Table II - I | | | | | uired, D , option | | | | | | Owned | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | e (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | Code (Instr. | | of I | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amour of Securities Underlying Deriva Security (Instr. 3 a 4) | | tive | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | | | |
| | | | | Cod | de V | (A) | | Date Exercisable | | piration ite | Title | Amoun Numbe Shares | er of | | | | | | | | | |
| Restricted Stock Units- NEDSP ⁽¹⁾ | (1) | 11/14/2008 | | J | | 51.299 | | (1) | | (1) | Common Stock, \$1.25 par value | 51.29 | 9(1) | \$21.295 ⁽¹⁾ | 7,653.3 | 397 | D | | | | | |

Explanation of Responses:

1. Represents restricted stock units granted under the 1995 Non-Employee Directors' Stock Plan. Each restricted stock unit has a one year vesting period and will be settled promptly following termination of the individual's service as a director of the Company. Includes reinvested dividends.

Remarks:

Mark E. Kimmel, Attorney-in-

** Signature of Reporting Person Date

11/17/2008

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

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.