

GROUP INSURANCE CERTIFICATE RIDER

to be attached to and made a part of the Certificate

POLICYHOLDER TRUSTEES OF THE AMERICAN VETERINARY MEDICAL

ASSOCIATION GROUP HEALTH AND LIFE INSURANCE TRUST

POLICY NUMBER G-14885-0 (the "Policy")

CONTRACT STATE ILLINOIS

NEW YORK LIFE agrees that the Certificate is changed, as of the later of January 1, 2004 or the INSURED MEMBER'S INSURANCE DATE, as follows:

Based upon the applicable residence of the INSURED MEMBER, the attached State Regulations page(s) is added to the Certificate and replaces the State Regulations page(s), if any, previously issued to the INSURED MEMBER.

Illinois

Secretary Resident

ILLINOIS REGULATIONS

The following applies to Illinois residents:

Complaint Notice

If you have a complaint concerning your group insurance plan, you may write to New York Life or to the Illinois Department Of Insurance. In this regard, Section 143c of the Illinois Insurance Code requires notification of the following addresses:

The Office Of Corporate Responsibility New York Life Insurance Company 51 Madison Avenue New York, New York 10010

Illinois Department Of Insurance Consumer Division 320 West Washington Street Springfield, Illinois 62767

Illinois Department Of Insurance Consumer Division 100 W. Randolph Street, Suite 15-100 Chicago, Illinois 60601

Correspondence about your plan should include the Plan Number or Policy Number and the name of the employer or Policyholder to whom the plan has been issued.