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.

Arkansas

______________________________  ________________________________
Secretary                                                          President

G-14885-0/CERT  1/1/04
GMR
**ARKANSAS REGULATIONS**

The following applies to Arkansas residents:

**Notice**

If you have an inquiry concerning your group insurance plan, you may write to New York Life or to the Arkansas Insurance Department at the following addresses:

<table>
<thead>
<tr>
<th>The Office Of Corporate Responsibility</th>
<th>Arkansas Insurance Department</th>
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<tbody>
<tr>
<td>New York Life Insurance Company</td>
<td>Consumer Services Division</td>
</tr>
<tr>
<td>51 Madison Avenue</td>
<td>1200 West Third Street</td>
</tr>
<tr>
<td>New York, New York 10010</td>
<td>Little Rock, Arkansas 72201-1904</td>
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<tr>
<td>Telephone No.: (212) 576-7000</td>
<td>Telephone No.: 1-800-282-9134</td>
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