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                                                          President

G-14885-0/CERT

GMR 1/1/04
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.