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-14886-0 (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-14886-0/CERT  1/1/04
GMR
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:

The Office Of Corporate Responsibility
New York Life Insurance Company
51 Madison Avenue
New York, New York 10010
Telephone No.: (212) 576-7000

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201-1904
Telephone No.: 1-800-282-9134