

**FLORIDA COMBINED LIFE INSURANCE COMPANY, INC. (FCL)
P.O. BOX 40028
JACKSONVILLE, FLORIDA 32203**

CERTIFICATE AMENDMENT

The Certificate of Insurance and any amendments attached thereto, to which this Certificate Amendment is attached is changed as follows.

Section IV, Enrollment and Effective Date of Coverage:

The Elective Termination of Coverage provision is deleted in its entirety.

All other benefits, provisions, conditions, limitations, exceptions, or other terms of the certificate remain unchanged.

In the event of any inconsistencies between the provisions of this amendment and the provisions in the certificate, the provisions in this amendment shall control to the extent necessary to effectuate the intent of FCL as expressed herein.

Signed for the Florida Combined Life Insurance Company, Inc., at Jacksonville, Florida.

A handwritten signature in black ink, appearing to read "Tom Man", is written in a cursive style.

President