

FLORIDA COMBINED LIFE INSURANCE COMPANY, INC.

4800 Deerwood Campus Parkway, Bldg 200, Suite 600
Jacksonville, FL 32246

AMENDMENT NO. 1

The Group Application (50622-0311R) to which this amendment is attached is changed as follows:

14. Names of subsidiaries, divisions, or affiliates to be covered: None

17. First Anniversary Date: 01/01/2016

29. Rate Guarantee Period: 3 years

35. Benefit Duration: 9 weeks

36. Elimination period:

STD

Accident: 30 days

Sickness/Injury: 30 days

43. Special Remarks: First Renewal 01/01/2018

The amendment is valid only if notice is given of the amendment and if you accept it. Retention of the amendment and payment of the next premium due will constitute acceptance of the amendment by you.

The policy's terms and provisions will apply other than as stated in this amendment.



Jason Mann
President

Accepted by: CITY OF VENICE

By: _____
Authorized Policyholder's Signature

Title

Printed Name

Date

POLICYHOLDER: CITY OF VENICE

POLICY NUMBER: 95029

EFFECTIVE DATE
OF AMENDMENT: January 01, 2015