JOHN T. FERREIRA INSURANCE E SINCE 1919

February 24, 2003

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Risk Management Coordinator Nassau County BOCC 220 Nassau Place Yulee, FL 32097

Re: Endorsement to Group Life & AD&D AIG Life Insurance Company, # SRG0008053011 Effective 10/01/02 to 10/01/03

Dear Lew:

We are pleased to enclose the endorsement to your Statutory AD&D effective 2/10/03 that Revises your mailing address.

Please take this opportunity to verify the information, and let us know immediately if any corrections are necessary. This endorsement should be attached to your policy, as it becomes a permanent part thereof.

This endorsement generated no premium change.

Please don't hesitate to call if you have any questions or concerns.

Sincerely,

Sue Melogy, AAI Commercial Insurance Division

Enc.

RECEIVED FEB 2 5 2003 RISK MGT. OFFICE

POLICY AMENDMENT RIDER

In consideration of the payment of premium calculated in the manner stated in the policy to which this rider is attached, it is hereby agreed that the policy is amended as follows:

Effective 2-10-2003, the Policyholder's mailing address is hereby amended to read as follows:

Risk Management 220 Nassau Place Yulee, FL 32097

All other terms and conditions of the Policy remain the same.

This rider takes effect on <u>February 10, 2003</u> 12:01 A.M., Standard Time at <u>Yulee, FL</u> and it expires concurrently with the policy and is subject to all of the provisions, definitions, limitations, and conditions of the policy not inconsistent herewith.

Attached to and made part of Policy No. <u>SRG</u> 0008053011 issued to <u>Nassau County Board of</u> <u>County Commissioners</u> by AIG Life Insurance Company, Administrative Office, Wilmington, DE but the same shall not be binding on the Company unless countersigned by its duly authorized agent.

Ill Wylf

President

In consideration of the payment of premium calculated in the manner stated in the policy to which this rider is attached, it is hereby agreed that the policy is amended as follows:

- 1. Policy Amendment Rider #1 is hereby deleted in its entirety.
- 2. The Master Application, Description of Covered Activities is amended to read as follows:
 - A) Applicable to All Classes, In accordance with Florida Statutes 112.19 and 112.191, the Company will pay the accidental dismemberment or death benefit for Covered Insureds who:
 - **Coverage la** is accidentally killed or receives bodily injury which results in the Insured Person's death or dismemberment.
 - **Coverage Ib** is accidentally dismembered or killed while responding, at the time of injury, in fresh pursuit or to an emergency or what he reasonably believed to be an emergency.
 - **Coverage II** is unlawfully and intentionally dismembered or killed by another or receives bodily injury which is unlawfully and intentionally inflicted upon him by another and which results in the Insured Person's death or dismemberment.
 - B) The Accidental Death and Dismemberment Benefit on the Benefit Schedule shall be amended to read for All Classes:

Principal Sum

Coverage la	\$50,000 (Accidental Death & Dismemberment)
Coverage Ib	additional \$50,000(Accidental Death &
	Dismemberment)
Coverage II	\$150,000 (Accidental Death & Dismemberment)

3. The Accidental Death Benefit and Accidental Dismemberment Benefit is amended to read as follows:

If injury to the Insured Person shall result in the death of the Insured Person, within 365 days of the date of the Covered Accident, the Company will then pay the Accidental Death Benefit.

This rider takes effect on <u>July 1, 2002</u> 12:01 A.M., Standard Time at <u>Fernandina Beach, FL</u> and it expires concurrently with the policy and is subject to all of the provisions, definitions, limitations, and conditions of the policy not inconsistent herewith.

Attached to and made part of Policy No. <u>SRG</u> 0008053011 issued to <u>Nassau County Board of</u> <u>County Commissioners</u> by AIG Life Insurance Company, Administrative Office, Wilmington, DE but the same shall not be binding on the Company unless countersigned by its duly authorized agent.

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President

In consideration of the payment of premium calculated in the manner stated in the policy to which this rider is attached, it is hereby agreed that the policy is amended as follows:

4. Relative to all Classes, the following shall apply:

Any condition or impairment of health of any covered person, caused by tuberculosis, heart disease, hypertension, or communicable diseases such as meningococcal meningitis and hepatitis resulting in total or partial disability or death shall be presumed to have been accidental and to have been suffered in the line of duty unless the contrary be shown by competent evidence. However, any such employee shall have successfully passed a physical examination upon entering into any such service which examination failed to reveal any evidence of any such condition.

5. Relative to Insured Law Enforcement, Correctional Officers or Firefighters, the following shall apply:

If a Law Enforcement or Correctional Officer or Firefighter is killed in the line of duty as a result of an act of violence inflicted by another person or under riot conditions, the sum of \$1,000 shall be paid toward funeral and burial expenses of such persons.

If a Law Enforcement or Correctional Officer or Firefighter is killed in the line of duty as a result of an act of violence inflicted by another person or under riot conditions and his/her eligible family members are insured under the Policyholder's medical insurance plan at the date of loss, the Company will pay a benefit for the continuation of the covered person's eligible family member's medical coverage. The first payment will be made no sooner than 12 months following the date of death. The Company will continue providing this benefit for the eligible family members for up to five years following the date of death.

Each benefit payment will be made in accordance with the following:

- I. Maximum number of years payable is five.
- II. Payment will cease if within the five year period the spouse is remarried.
- III. Payment will cease for a dependent child who within the five year period turns 25 years of age.
- IV. The Company will pay the lessor of the actual cost of the medical insurance or \$5,000 per year.

This rider takes effect on <u>July 1, 2002</u> 12:01 A.M., Standard Time at <u>Fernandina Beach, FL</u> and it expires concurrently with the policy and is subject to all of the provisions, definitions, limitations, and conditions of the policy not inconsistent herewith.

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All Wylf

President

In consideration of the payment of premium calculated in the manner stated in the policy to which this rider is attached, it is hereby agreed that the policy is amended as follows:

V. In order for payment to be made, annual proof that the payment will be used for continuation of the Insured's eligible family member's medical coverage must be received.

Additional Premium Due for this Mid-term Change: \$1153.15

This rider takes effect on <u>July 1, 2002</u> 12:01 A.M., Standard Time at <u>Fernandina Beach, FL</u> and it expires concurrently with the policy and is subject to all of the provisions, definitions, limitations, and conditions of the policy not inconsistent herewith.

Attached to and made part of Policy No. <u>SRG</u> 0008053011 issued to <u>Nassau County Board of</u> <u>County Commissioners</u> by AIG Life Insurance Company, Administrative Office, Wilmington, DE but the same shall not be binding on the Company unless countersigned by its duly authorized agent.

BIL Wylf

President

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02/03 FISCAL YEAR			- =+??3 · -> = # #
DEPT	DR EXP A/C	NUMBER	02/03
Bailiff	01163711-545000	12	\$ 212.95
Dept of Corrections	01032523-545000	55	976.00
Sheriff	01031521-545000	166	2,945.75
Volunteer fire	04224522-545000	233	4,134.69
Fire	09223522-545000	39.3333	697.99
Fire Inspector	04222522-545000	2	35.49
Public Safety Admin(1/3 TK)	01251529-545000	0,3333	5.91
Rescue	01261526-545000	42.3334	751.23
total		550	\$9,760.00
cr. 0100000-115098	· · · · · · · · · · · · · · · · · · ·		\$9,760.00