INA

POLICY AMENDMENT

Policyholder: SCHOOL BOARD OF DADE COUNTY, FLORIDA Covered Persons: Law Enforcement Officers

Part Of Policy No. ABL 63 38 65 Effective Date: 1/1/84

This rider amends the policy named above. It is in force only while the policy is in force, but not before the date shown above.

In exchange for the payment of $ 250.00, which is

☐ included in the premium for the policy shown in Schedule III; or

☒ in addition to the policy premium;

the following coverage is added.

FLORIDA LAW ENFORCEMENT OFFICERS DEATH BENEFIT

If a Covered Person, as a consequence of the performance of his duties is unlawfully and intentionally killed while in the actual performance of his duties, we will pay the sum of $50,000 as follows:

(1) to the beneficiary the Covered Person named in a writing signed by him and delivered to his employing agency prior to his death; or
(2) if none, to his surviving child(ren) and spouse, if any, in equal shares; or
(3) if no surviving child or spouse or designated beneficiary, to his estate.

This death benefit is payable in addition to:
(a) any other benefit payable under this policy; and
(b) any workers' compensation or pension benefit.

It shall be exempt from the claims and demands of creditors.

Definitions

"Law enforcement officer" means a full-time officer or employee of the state or political subdivision of the state, including any correctional officer. His duties require him to investigate, pursue, apprehend, arrest, transport, or maintain custody of persons who are charged with, suspected of committing, or convicted of a crime. He may be a member of a bomb disposal unit whose primary duty is the location, handling and disposal of explosive devices.

"Unlawfully and intentionally killed" means death of the Covered Person caused by the unlawful and intentional act of another person or persons for which the employer of the Covered Person would be legally liable for payment of the death benefit described in this rider.

Except for the above, this rider does not change the policy in any way.

LIFE INSURANCE COMPANY OF NORTH AMERICA

HARTZEL Z LEBED President

INA

Named Insured			Endorsement Number
SCHOOL BOARD OF DADE COUNTY, FLORIDA			6
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
ABL	63 38 65	1/1/84 TO 1/1/85	1/1/84
Issued By (Name of Insurance Company)			
LIFE INSURANCE COMPANY OF NORTH AMERICA			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

IT IS HEREBY UNDERSTOOD AND AGREED THAT IN CONSIDERATION OF A PREMIUM CHARGE OF $350.00, COVERAGE IS EXTENDED TO THE POLICYHOLDER FOR THE PERIOD OF JANUARY 1, 1984 TO JANUARY 1, 1985.

RENEWAL RIDER

1/18/84 mmg

DAVIS-GILLINGHAM ASSOCIATES, INC.

Authorized Agent

CC-1E15 Ptd. in U.S.A.

UNDERWRITING COPY

INA

Named Insured			Endorsement Number
THE SCHOOL BOARD OF DADE COUNTY, FLORIDA			5
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
AHL	63 38 65	1/1/83 TO 1/1/84	1/1/83
Issued By (Name of Insurance Company)			
LIFE INSURANCE COMPANY OF NORTH AMERICA			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

IT IS HEREBY UNDERSTOOD AND AGREED THAT IN CONSIDERATION OF AN UP TO DATE REPORT OF EXPOSURE, COVERAGE IS EXTENDED TO THE POLICYHOLDER FOR THE PERIOD OF JANUARY 1, 1983 TO JANUARY 1, 1984 FOR A PREMIUM CHARGE OF $343.00.

RENEWAL RIDER

THIS ENDORSEMENT SUPERSEDES ENDORSEMENT #4 IN ITS ENTIRETY.

DAVIS-GILLINGHAM ASSOCIATES, INC.

Authorized Agent

INA

Named Insured			Endorsement Number
THE SCHOOL BOARD OF DADE COUNTY, FLORIDA			4
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
ABL	63 38 65	1/1/83 TO 1/1/84	1/1/83
Issued By (Name of Insurance Company)			
LIFE INSURANCE COMPANY OF NORTH AMERICA			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

IT IS HEREBY UNDERSTOOD AND AGREED THAT IN CONSIDERATION OF A PREMIUM CHARGE OF $399.00, COVERAGE IS EXTENDED TO THE POLICYHOLDER FOR THE PERIOD OF JANUARY 1, 1983 TO JANUARY 1, 1984.

RENEWAL RIDER

DAVIS-GILLINGHAM ASSOCIATES, INC.

CC-[illegible] 12/12/82

Authorized Agent

UNDERWRITING COPY

ABL-65 55 41

BLANKET ACCIDENT POLICY

LIFE INSURANCE COMPANY OF NORTH AMERICA
1600 Arch Street, Philadelphia, Pa. 19101
A Stock Insurance Company

TABLE OF CONTENTS

Schedule I: Eligible Classes 2
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Schedule III: Premiums 4
Description Of Coverage 5
Exclusions 6
Schedule IV: Hazards Insured Against ..... Insert
Payment Of Claims 7
General Provisions 8

(Forms attached to the policy as of its date of issue are listed on page 4)

THIS IS AN ACCIDENT ONLY POLICY. IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY SICKNESS.

THIS IS A LIMITED POLICY. READ IT CAREFULLY.

This is a contract between us, the Life Insurance Company of North America, and you:

Name, Address And Nature of Business Of Policyholder: The School Board of Dade County, Florida
1410 Northeast 2nd Avenue
Miami, FL 33132

Policy Term—This policy will go into effect on 1/1/91, and will expire on 1/1/92, at 12:01 a.m. standard time at your address. The policy anniversary will be January 1. Unless this policy is terminated by you or us (see page 8), this policy may be renewed for additional terms at the premium rates in effect at time of renewal.

Scope Of Coverage—In exchange for the payment of premiums (as set forth in Schedule III on page 4), we agree to pay benefits to all eligible persons (as defined in Schedule I on page 2):

a) who suffer injury to the body in any of the types of accidents described in Schedule IV, which happens while he is covered by this policy; and

b) who, as a direct result of the injuries, and from no other cause, suffer a covered loss (as defined on page 5).

This coverage is subject to the exclusions set forth on page 6, and to all of the other terms of this policy. **This is an accident only policy. It does not pay benefits for loss caused by sickness. Read your policy with care.**

This policy shall be governed by the laws of the state in which it is delivered. As used in this policy, "he" and "his" includes "she" and "her."

IN WITNESS WHEREOF, we have signed this policy at Philadelphia, Pennsylvania.

DAVID C. KOPP, Secretary

HARTZEL Z. LEBED, President

LM-9359

6/24/82 Printed In U.S.A.

ABL

LIFE INSURANCE COMPANY OF NORTH AMERICA

ACCIDENT POLICY

STAT. ACCT.	SERVICE OFFICE	AGR. O.	RENEW OR IN LIEU OF	SYMBOL & NUMBER	AUDIT TERM	RATE PLAN
	Fort Lauderdale 5AJ Administrative Services, Inc. Hillsboro Center Bldg. 3, Suite 108 700 West Hillsboro Blvd Deerfield Beach, FL 33441	#003-02	NEW	ABL 65 55 41	0	1
			COMPANY 6	REGISTRATION	INS. 1	TRANS. 0

RATE PLAN	INCEPTIONS MO.	INCEPTIONS YR.	EXPIR.	LINE	INSURED	SKIP	PREMIUM	COMM. RATE OR ART.	SKIP	EXP.
	1	91	SEE BELOW	.69	SEE BELOW		$ 1,348 75	15%		9

Unless terminated as provided in Part III, this policy may be renewed, subject to the consent of the Company, for any specified term by the payment in advance of the premium for such term at the Company's premium rates in force at the time of each such renewal.

STAT.	POL. YR.	TERM	EXPIRATION MO.	EXPIRATION STAT. YR.	EXPIRATION DAY	LINE	TAX DIST.	TAX STATE	TERR.	CLASS	POLICY FORM	VARIOUS	EXPOSURE	PREMIUM	COMM. RATE	SKIP
	91	12	01	92	91	69		09	00	2265	00		—0—	$ 1,348 75	15%	

LM-9359	Blanket Accident Policy
LM-9D83	Schedule I—Eligible Classes
LM-8365	Schedule II—Benefits
LM-6986	Schedule III—Premiums
	Description of Coverage-
	Description of Hazard
LM-2576	Schedule I-A—Affiliated Corporations

Name, Address And Nature of Business Of Policyholder: The School Board of Dade County, Florida
1410 Northeast 2nd Avenue
Miami, FL 33132

Policy Term—This policy will go into effect on January 1, 1991, and will expire on December 31, 1991 at 12:01 a.m. standard time at your address. The policy anniversary will be January 1. Unless this policy is terminated by you or us (see page 8), this policy may be renewed for additional terms at the premium rates in effect at time of renewal.

Scope Of Coverage—In exchange for the payment of premiums (as set forth in Schedule III on page 4), we agree to pay benefits to all eligible persons (as defined in Schedule I on page 2):

a) who suffer injury to the body in any of the types of accidents described in Schedule IV, which happens while he is covered by this policy; and
b) who, as a direct result of the injuries, and from no other cause, suffer a covered loss (as defined on page 5).

This coverage is subject to the exclusions set forth on page 6, and to all of the other terms of this policy. **This is an accident only policy. It does not pay benefits for loss caused by sickness. Read your policy with care.**

This policy shall be governed by the laws of the state in which it is delivered. As used in this policy, "he" and "his" includes "she" and "her."

LIFE INSURANCE COMPANY OF NORTH AMERICA

ACCIDENT POLICY

ABL

STAT. ACCT.	SERVICE OFFICE	AGENC	RENEW OR IN LIEU OF	POL. SYMBOL & NUMBER	AUDIT TERM	RATE PLAN
	Tampa 504 Selman & Company 7990 S.W. 117th Avenue, #125 Miami, FL 33183	109679	In lieu of #ABL 63 38 65	ABL 65 55 41	0	1
			COMPANY 6	REGISTRATION	INS. 1	TRANS. 0

ACCT.	RATE PLAN	INCEPTIONS MO.	INCEPTIONS YR.	EXPIRE. NO. DAY YR.	LINE	INSURED	SKIP	PREMIUM	COMM. RATE OR AMT.	SKIP	EXP.
	X	1	91	SEE BELOW	69	SEE BELOW	X	1,348.75	15%	X	8

Unless terminated as provided in Part III, this policy may be renewed, subject to the consent of the Company, for any specified term by the payment in advance of the premium for such term at the Company's premium rates in force at the time of each such renewal.

STAT.	POL. YR.	TERM	EXPIRATION NO.	EXPIRATION STAT. YR.	EXPIRATION ACCT. YR.	LINE	TAX DIST.	TAX STATE	TERR.	CLASS	POLICY FORM	VARIOUS	EXPOSURE	PREMIUM	COMM. RATE	SKIP
	91	12	1	92	91	69		09	00	2265	00	X	— 0 —	1,348 75	15%	X

LM-9359	Blanket Accident Policy
LM-9083	Schedule I—Eligible Classes
LM-8365	Schedule II—Benefits
LM-6986	Schedule III—Premiums
	Description of Coverage
	Description of Hazard
LM-2576	Schedule I-A—Affiliated Corporations

Name, Address And Nature of Business Of Policyholder: The School Board of Dade County, Florida
1410 Northeast 2nd Avenue
Miami, FL 33132

Policy Term—This policy will go into effect on 1/1/91, and will expire on 1/1/92, at 12:01 a.m. standard time at your address. The policy anniversary will be January 1. Unless this policy is terminated by you or us (see page 8), this policy may be renewed for additional terms at the premium rates in effect at time of renewal.

Scope Of Coverage—In exchange for the payment of premiums (as set forth in Schedule III on page 4), we agree to pay benefits to all eligible persons (as defined in Schedule I on page 2):

a) who suffer injury to the body in any of the types of accidents described in Schedule IV, which happens while he is covered by this policy; and
b) who, as a direct result of the injuries, and from no other cause, suffer a covered loss (as defined on page 5).

This coverage is subject to the exclusions set forth on page 6, and to all of the other terms of this policy. **This is an accident only policy. It does not pay benefits for loss caused by sickness. Read your policy with care.**

This policy shall be governed by the laws of the state in which it is delivered. As used in this policy, "he" and "his" includes "she" and "her."

BLANKET ACCIDENT POLICY

Policyholder: School Board of Dade County, Florida

Part Of Policy No. ABL 65 55.41 Schedule Date: January 1, 1991

SCHEDULE I—ELIGIBLE CLASSES

All persons, under age N/A, who fit the description of one of the eligible classes listed below are covered by this policy, as long as they remain eligible. Their coverage will begin on the Policy Effective Date (see page 1) if they were then eligible. All persons who become eligible at any time after the Policy Effective Date will be covered as soon as they are eligible. A person's coverage will end on the date that he is no longer in an eligible class; on the date that this policy is terminated; or on the date that he reaches the maximum age set forth above. Termination will not affect a claim for a loss which occurs while the person is covered by this policy.

Class	Description Of Eligible Class
I	All full time Security Guards of the Policyholder under age 70.

Unless otherwise specified, a person who qualifies for more than one class will only be paid benefits once for any one accident. We will pay the largest amount for which he is covered.

BLANKET ACCIDENT POLICY

Policyholder: School Board of Dade County, Florida

Part Of Policy No. ABL 65 55 41 Schedule Date: January 1, 1991

SCHEDULE II—BENEFITS

Benefit amounts for each class of covered persons are shown below. These benefits are described in detail on page 5. If no benefit amount is shown, then the class is not covered for that benefit.

Class I Coverage A: Principal Sum: See Attached Amendment

Coverage B: Maximum Amount: N/A
Coverage C: Weekly Benefit: N/A
Maximum Period: N/A weeks; Waiting Period: days.
Coverage D: Maximum Amount: N/A Deductible:
Applicable Hazards:

Class Coverage A: Principal Sum:

Coverage B: Maximum Amount:
Coverage C: Weekly Benefit:
Maximum Period: weeks; Waiting Period: days.
Coverage D: Maximum Amount: Deductible:
Applicable Hazards:

Class Coverage A: Principal Sum:

Coverage B: Maximum Amount:
Coverage C: Weekly Benefit:
Maximum Period: weeks; Waiting Period: days.
Coverage D: Maximum Amount: Deductible:
Applicable Hazards:

Class Coverage A: Principal Sum:

Coverage B: Maximum Amount:
Coverage C: Weekly Benefit:
Maximum Period: weeks; Waiting Period: days.
Coverage D: Maximum Amount: Deductible:
Applicable Hazards:

"Base earnings," as used above, means:

Total Limit Of Liability—We will not pay more than $ Waived per Accident

If, but for this provision, we would pay more than this amount, then the benefits we will pay to each covered person will be reduced in the same proportion, so that the total amount we will pay is the maximum amount shown above.

11. Designation or Change of Beneficiary; Assignment: The right of designation or change of beneficiary is reserved to the Insured and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of the insurance coverage with respect to which the beneficiary designation has been made or to any change of beneficiary or beneficiaries, or to any other change in said coverage or in the policy. No designation or change of beneficiary under the policy shall be binding upon the Company until the original or a duplicate thereof is received by the designated custodian of beneficiary records. No assignment of interest shall be binding upon the Company until the original or a copy thereof is received by the Company. The Company assumes no responsibility for the validity of such designation or change of beneficiary or assignment.

12. Policy Termination by the Policyholder or the Company: This policy may be terminated by the Policyholder on the first anniversary date, or at any time thereafter, by mailing or delivering to the Company at its Home Office, Philadelphia, Pennsylvania, written notice of such termination, effective on receipt or on such later date as may be specified in such notice. In the event of such termination at a date other than the anniversary date, the earned premium shall be computed, and the Company will return promptly the unearned portion of any premium paid.

This policy may be terminated by the Company as of any anniversary date by mailing or delivering to the Policyholder, at the last address shown on the records of the Company written notice stating when, not less than 31 days thereafter, such termination shall be effective.

This policy may be terminated by the Company for non-payment of premium if payment of premium due on a premium due date other than anniversary date is not received within the grace period provided by the policy, by mailing or delivering to the Policyholder at the last address shown on the records of the Company written notice stating when, not earlier than the expiration of the grace period, such termination shall be effective. Termination under this paragraph shall be effective only with respect to the coverage for which the premium payment was due.

ADDITIONAL PROVISIONS

A. Records Maintained: The Policyholder shall maintain records of the Insureds showing, with respect to each Insured, the essential particulars of this insurance.

B. Certificate for Insured: In any State in which it is required that certificates be issued under this policy, the Company will issue to the Policyholder for delivery to each Insured a certificate of insurance containing the benefits, limitations, and conditions of the master policy and stating to whom benefits are payable.

C. Change in Premium Rates at Policy Anniversary Date: The Company may, as of any policy anniversary date, change the premium rates for this policy, by advance written notice delivered to the Policyholder, or mailed to his last address as shown on the records of the Company, not later than 31 days prior to such policy anniversary date.

D. Examination and Audit: The Company shall be permitted to examine the Policyholder's records relating to this policy at any time during the policy term and within three years after expiration of this policy or until final adjustment and settlement of all claims hereunder, whichever is later.

E. Not in Lieu of Workmen's Compensation: This policy is not in lieu of and does not affect any requirement for coverage by workmen's compensation insurance.

F. Conformity with State Statutes: Any provision of this policy which, on its effective date, is in conflict with the statutes of the state in which the policy is delivered is hereby amended to conform to the minimum requirements of such statutes.

IN WITNESS WHEREOF, the LIFE INSURANCE COMPANY OF NORTH AMERICA has caused this policy to be signed by its President and Secretary in the City of Philadelphia, Pennsylvania, but said policy shall not be binding upon the Company unless countersigned by a duly authorized representative of the Company.

Countersigned: Licensed Resident Agent

James F. Nagle

JAMES F. NAGLE, Secretary

Thomas F. Gaffney

THOMAS F. GAFFNEY, President

POLICY AMENDMENT

Policyholder: School Board of Dade County, Florida Covered Persons: Law Enforcement Officers
Part Of Policy No: ABL 65 55 41 Effective Date: January 1, 1991

This rider amends the policy named above. It is in force only while the policy is in force, but not before the date shown above.

In exchange for the payment of $ 1,348.75 , which is

[XX] included in the premium for the policy shown in Schedule III; or

[ ] in addition to the policy premium;

the following coverage is added.

FLORIDA LAW ENFORCEMENT OFFICERS DEATH BENEFITS

DESCRIPTION OF COVERAGE

I. DEATH BENEFITS

A. We will pay $25,000 if a Covered Person's death is caused by an accident that happens:
   1) within one year of the Covered Person's death; and
   2) while the Covered Person is engaged in the performance of Law Enforcement duties.

B. We will pay an additional $25,000 if a Covered Person's death is caused by an accident that happens:
   1) within one year of the Covered Person's death; and
   2) while the Covered Person is engaged in the performance of Law Enforcement duties

   AND the death is a result of the Law Enforcement Officer's response to Fresh Pursuit or to what is reasonably believed to be an emergency.

C. We will pay an additional $75,000 if the Covered Person, while engaged in the performance of Law Enforcement duties:
   1) is Unlawfully and Intentionally Killed; or
   2) subsequently dies within 1 year as the result of such unlawful or intentional act.

II. BENEFICIARY DESIGNATION

Benefit payments under this rider will be made as follows:

A. to the beneficiary the Covered Person named in a writing signed by him and delivered to his employing agency prior to his death; or
B. if none, to his surviving child(ren) and spouse, in equal shares; or
C. if none, to his surviving parent(s); or
D. if there is no designated beneficiary or surviving child, spouse or parent, then to his estate.

III. BENEFIT PAYMENTS

A. Benefits are payable under this rider only if the employer of the Covered Person would be legally liable for payment of the benefits described in this rider.

B. Death benefits payable under the Accidental Death Benefit or the Intentional Killing Death Benefit shall be:
   1) in addition to:
      a) any benefits payable under this policy; and
      b) any worker's compensation or pension benefit; and
   2) exempt from the claims and demands of the Covered Person's creditors.

IV. DEFINITIONS

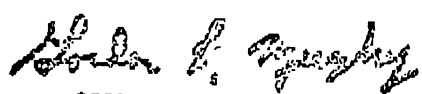
A. **"Law Enforcement Officer"** means a full-time officer or employee of the state or political subdivision of the state. This includes any correctional officer, correctional probation officer, state attorney investigator, or public defender investigator. His duties must require him to investigate, pursue, apprehend, arrest, transport or maintain custody of persons charged with, suspected of committing or convicted of a crime. It also means a member of a bomb disposal unit whose primary duty is the location, handling and disposal of explosive devices.

B. **"Fresh Pursuit"** means the pursuit of a person who has committed or is reasonably suspected of having committed a crime. It does not necessarily mean instant pursuit, but the pursuit must be without unreasonable delay.

C. **"Unlawfully and Intentionally Killed"** means death of the Covered Person caused by the unlawful and intentional act of another person or persons for which the employer of the Covered Person would be legally liable for payment of the death benefit described in this rider.

Except for the above, this rider does not change the policy in any way.

LIFE INSURANCE COMPANY OF NORTH AMERICA



GORDON L. MURPHY, President

BLANKET ACCIDENT POLICY

Policyholder: School Board of Dade County, Florida

Part Of Policy No. ABL 65 55 41 Schedule Date: January 1, 1991

SCHEDULE III—PREMIUMS

$1,348.75

Grace Period—There is a 31 day grace period after each premium due date after the first premium. Coverage will stay in force during this period if the premium is not paid on time. Coverage will end if the premium is not paid by the end of the grace period. If this happens, you will still owe us the premium for the grace period.

This provision does not apply if we terminate this policy under the terms set forth on page 8.

Schedule Of Forms—The forms listed below are attached to and are part of this policy as of its date of issue.

Form No.	Description	Form No.	Description
LM-2576	Schedule I-A- Affiliated Corporations		
LM-6B24	Amendatory Rider (Severance)		
LM-3H67	Application		

DESCRIPTION OF COVERAGE

Coverage A: Accidental Death And Dismemberment Benefit—We will pay this benefit if:

a) a person is injured by one of the types of accidents described in Schedule IV, which happens while he is covered by this policy; and

b) he suffers one of the losses listed below as a direct result of the injuries, and from no other cause, within a year of the accident.

The amount of this benefit is shown in the table below. The Principal Sum is shown on page 3.

Loss	Benefit
Life	The Principal Sum
Two or more members	The Principal Sum
One member	One-half of the Principal Sum
Thumb and index finger of the same hand	One fourth of the Principal Sum

"Member" means hand, foot or eye. Loss of a hand or foot means complete severance through or above the wrist or ankle joint. Loss of an eye means the total, irrecoverable loss of sight in the eye. Loss of a thumb and index finger means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). (In South Carolina, loss of four whole fingers of one hand shall be deemed the loss of a hand; In California, loss of at least one whole phalanx of both a thumb and index finger of the same hand shall be deemed loss of a thumb and index finger.)

If a covered person suffers more than one loss from an accident, we will only pay for the loss with the larger benefit.

Coverage B: Permanent Total Disability Benefit—We will pay this benefit if:

a) a person is injured by one of the types of accidents described in Schedule IV, which happens while he is covered for this benefit; and

b) he becomes totally disabled as a direct result, and from no other cause, within 30 days of the accident; and

c) he remains totally disabled for 12 straight months; and

d) he is then permanently and totally disabled.

The amount of this benefit is the amount shown on page 3, minus any amounts we have paid under Coverage A for the accident. If the amount shown on page 3 is a periodic amount, then we will pay this amount until:

a) the covered person dies, or is no longer permanently and totally disabled; or

b) the total we have paid for the accident under Coverages A and B is the Principal Sum shown on page 3.

A person will be deemed "totally disabled" if he can not do at all the substantial and material duties of his type of work. He will be deemed "permanently and totally disabled" if he is not able to do any work for which he is or may become qualified by reason of his education, experience, or training; and if he is not expected to be able to do any such work for the rest of his life.

Coverage C: Total Disability Weekly Benefit—We will pay this benefit if:

a) a person is injured by one of the types of accidents described in Schedule IV, which happens while he is covered for this benefit; and

b) he becomes totally disabled as a direct result of the injuries, and from no other cause, within 30 days of the accident.

The amount of this benefit is shown on page 3. This benefit will begin on the first day after the end of the Waiting Period (shown on page 3). We will pay this benefit until:

a) the covered person dies, or is no longer totally disabled; or

b) we have paid this benefit for the Maximum Period shown on page 3; or

c) the covered person qualifies for benefits under Coverages A or B.

A covered person will be deemed "totally disabled" if:

a) During the Waiting Period, and for the next 12 months after that, if he can not do at all the substantial and material duties of his type of work.

b) After that, if he can not do at all any work for which he is or may become qualified by reason of his education, experience, or training.

BLANKET ACCIDENT POLICY

Policyholder: School Board of Dade County, Florida

Part Of Policy No. ABL 65 55 41 Schedule Date: January 1, 1991

SCHEDULE I-A—AFFILIATED CORPORATIONS

Eligible employees of the affiliated corporations listed below are covered by this policy:

NONE

Newly-Acquired Corporations—The premiums set forth in Schedule III (page 4) apply only to the corporations listed above. However, eligible employees of corporations acquired by you during the policy term may be covered, on the terms set forth below:

1) You must, within 60 days of the acquisition, report to us: (i) the name of the newly acquired corporation; and (ii) any underwriting information that we need to figure the extra premium.
2) You must pay the extra premium.

Coverage shall begin on the date that you acquired the corporation. This coverage will end 60 days after the date of acquisition, unless the report has been made and the premium paid, as set forth above. In any case, you will owe us the premium for the period that the coverage was in force.

LIFE INSURANCE COMPANY OF NORTH AMERICA

AMENDATORY RIDER

This rider amends the policy or certificate to which it is attached. It takes effect and expires at the same time as the policy or certificate.

The cover page caption is amended to read "Accidental Death and Dismemberment Policy."

The following definition is added:

"Severance" means the complete separation and dismemberment of the limb from the body.

No other policy provision or condition is changed in any way by this rider.

LIFE INSURANCE COMPANY OF NORTH AMERICA

GORDON L. MURPHY, President

LIFE INSURANCE COMPANY OF NORTH AMERICA
Philadelphia, Pennsylvania
(Herein called the Company)

APPLICATION is hereby made to the Company for Blanket Policy No. _____

by _____

whose Main Office Address is _____

Said Blanket Policy is hereby approved and the terms thereof are hereby accepted.

This application is executed in duplicate, one counterpart being attached to said Blanket Policy and the other being returned to the Company.

It is agreed that this Application supersedes any previous application for the said Blanket Policy.

_____
(Full or Corporate Name of Applicant)

Signed at _____ By _____
(Signature and Title)

On _____ Witness _____
(To be signed by Licensed Resident Agent where required by Law)

_____
This Copy is to Remain Attached to the Policy

LIFE INSURANCE COMPANY OF NORTH AMERICA
Philadelphia, Pennsylvania
(Herein called the Company)

APPLICATION is hereby made to the Company for Blanket Policy No. _____

by _____

whose Main Office Address is _____

Said Blanket Policy is hereby approved and the terms thereof are hereby accepted.

This application is executed in duplicate, one counterpart being attached to said Blanket Policy and the other being returned to the Company.

It is agreed that this Application supersedes any previous application for the said Blanket Policy.

_____
(Full or Corporate Name of Applicant)

Signed at _____ By _____
(Signature and Title)

On _____ Witness _____
(To be signed by Licensed Resident Agent where required by Law)

_____
This Copy is to be Returned to the Company

LIFE INSURANCE COMPANY OF NORTH AMERICA

ACCIDENT POLICY

ABL 63 38 65

STAT. AGENT	SERVICE OFFICE	AGENCY	RENEW OR IN LIEU OF	POLICY NUMBER	AUDIT TERM	RATE PLAN
	Miami - SAJ	109-7659	NEW	ABL 63 38 65	0	1
	DAVIS GILLINGHAM ASSOCIATES, INC. P.O. BOX 16-4835 MIAMI, FL 33116		COMPANY 6	REGISTRATION	IND. 1	TRANS. 0

ACCT.						PREMIUM	COMM. RATE OR ABT.	SKIP	EXP.
	1	80	GRC BELOW	69	SEE BELOW	$154 00	15%		9

Unless terminated as provided in Part III, this policy may be renewed, subject to the consent of the Company, for any specified term by the payment in advance of the premium for such term at the Company's premium rates in force at the time of each such renewal.

STAT.	POL. YR.	TERM	EXPIRATION MO.	EXPIRATION STAT. YR.	EXPIRATION ACCT. YR.	LINE	TAX DIST.	TAX STATE	TERR.	CLASS	POLICY FORM	VARIOUS	EXPOSURE	PREMIUM	COMM. RATE	SKIP
	8012	1	81	80		69		09	00	2299	00		-0-	$154 00	15%	

1. Policyholder—Name and Address

THE SCHOOL BOARD OF DADE COUNTY, FLORIDA
1410 Northeast 2nd Avenue
Miami, FL 33132

2. Policy Term: From January 1, 1980 To January 1, 1981 — 12:01 A.M. Standard Time at the Policyholder's Address

Anniversary Date: January 1

3. Forms attached to and forming part of this policy on its date of issue are:

Form #	Title
AS-673	Schedule I - Persons Insured - Amounts of Insurance
AS-4173	Schedule II - Description of Covered Injuries - Security Guards
AS-676	Schedule III - Premium Computation
LG-4154	Part III - Provisions
LG-5134-A	Age Limit Rider

4. Premium: This policy is issued in consideration of the payment of the premium as provided in Schedule III. All premiums are payable solely by the Policyholder on or before the date they become due.

5. Scope of the Insurance

Subject to all of the Exclusions, Provisions and other terms of this policy, the Company hereby insures the persons described in Schedule I, each herein called the Insured, against loss resulting directly and independently of all other causes from accidental bodily injuries which arise out of the hazards described in Schedule II and are sustained by the Insured during the term of this policy, herein called such injuries, to the extent hereinafter provided.

LG-4153

COMPANY UNDERWRITING COPY

SCHEDULE I—Persons Insured—Amounts of Insurance

Schedule I The insurance under this policy applies only to the groups of insured persons described and only with respect to those coverages for which an amount is specified. The amount so specified shall apply to each insured person per accident, subject to all terms of the policy having reference thereto.

Description of the Persons Insured (includes all persons coming within the scope of such descriptions at any time during the policy term.)	Coverage A—Principal Sum	Coverage B—Permanent Total Disability Maximum Amount	Coverage C—Weekly Indemnity			Coverage D—Medical Expense	
			Amount per week	Maximum (weeks)	Waiting Period (days)	Maximum Amount	Deductible (if any)
CLASS I							
All full time security guards of the Policyholder under age 70.	$20,000	----------	----------	----------	----------	----------	----------

Aggregate Limit of Liability $ 440,000 per Accident

The Company shall not be liable for any amount in excess of the above stated aggregate limit of liability.

If the aggregate amount of all indemnities otherwise payable by reason of coverage provided under this policy exceeds such aggregate limit of liability, the Company shall not be liable as respects each insured for a greater proportion of the indemnity otherwise payable than the aggregate limit of liability bears to the aggregate amount of all such indemnities.

Attached to and forming a part of Policy ABL 63 38 65

Effective date of this schedule is January 1, 1980

SCHEDULE II DESCRIPTION OF COVERED INJURIES

SECURITY GUARDS

Coverage under this policy is provided with respect to accidental bodily injuries sustained while the Insured is engaged in the performance of prescribed duties as a security guard.

Amendment of Coverage A — Death, Dismemberment or Loss of Sight.

It is hereby understood and agreed that Coverage A — Death, Dismemberment or Loss of Sight is deleted in its entirety and the following substituted therefor:

"Coverage A — Death

If within 180 days from the date of accident such injuries shall result in death of the Insured, the Company will pay the Principal Sum."

Amendment of Policy Provision entitled "Payment of Claims".

It is further understood and agreed that if, at the death of the Insured, there is no surviving beneficiary, payment of such claim shall be made as follows and not as heretofore:

"If, at the death of the Insured, there is no surviving beneficiary, the accidental loss of life indemnity shall be paid to his surviving child or children and wife in equal portions, and if there be no surviving child or wife, then to his estate.

Attached to and forming a part of Policy ABL 63 38 65 Effective Date of this Schedule is January 1, 1980

EDULE III PREMIUM COMPUTATIC

The Premium for this policy shall be computed on the following basis:

Annual rate of $7.00 per person. Premium based on 22 members for the Policy year 80-81 totals: $154.00.

Attached to and forming a part of Policy ABL 63 38 65

Effective Date of this Schedule is January 1, 1980

AS-676

INA

Named Insured			Endorsement Number
THE SCHOOL BOARD OF DADE COUNTY, FLORIDA			2
Policy Symbol: ABL	Policy Number: 63 38 65	Policy Period	Effective Date of Endorsement: 1-1-82
Issued By (Name of Insurance Company): LIFE INSURANCE COMPANY OF NORTH AMERICA			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

IT IS HEREBY UNDERSTOOD AND AGREED THAT THE AGENT OF RECORD FOR THIS ACCOUNT HAS BEEN AMENDED TO READ AS FOLLOWS:

CODE NUMBER: #109679
DAVIS-GILLINGHAM ASSOCIATES, INC.
7300 North Kendall Drive
P.O. Box 560695
Miami, Florida 33156

DAVIS-GILLINGHAM ASSOC.

Authorized Agent

CC-JE16 Ptd. In U.S.A.

INA

Named Insured			Endorsement Number
THE SCHOOL BOARD OF DADE COUNTY, FLORIDA			4
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
ABL	63 38 65	1/1/83 TO 1/1/84	1/1/83
Issued By (Name of Insurance Company)			
LIFE INSURANCE COMPANY OF NORTH AMERICA			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

IT IS HEREBY UNDERSTOOD AND AGREED THAT IN CONSIDERATION OF A PREMIUM CHARGE OF $399.00, COVERAGE IS EXTENDED TO THE POLICYHOLDER FOR THE PERIOD OF JANUARY 1, 1983 TO JANUARY 1, 1984.

RENEWAL RIDER

DAVIS-GILLINGHAM ASSOCIATES, INC.

CC-[illegible] 12/12/82

Authorized Agent

INA

Named Insured-			Endorsement Number
THE SCHOOL BOARD OF DADE COUNTY, FLORIDA			3
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
AHL	63 38 65	1/1/82 TO 1/1/83	1/1/82
Issued By (Name of Insurance Company)			
LIFE INSURANCE COMPANY OF NORTH AMERICA			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

IT IS HEREBY UNDERSTOOD AND AGREED THAT IN CONSIDERATION OF A PREMIUM CHARGE OF $315.00, COVERAGE IS EXTENDED TO THE POLICYHOLDER FOR THE PERIOD OF JANUARY 1, 1982 TO JANUARY 1, 1983.

RENEWAL RIDER

DAVIS-GILLINGHAM ASSOCIATES, INC.

Authorized Agent

CC: 1/15/82

LIFE INSURANCE COMPANY OF NORTH AMERICA

AGE LIMIT RIDER

This rider amends the policy or certificate to which it is attached and expires concurrently with such policy or certificate.

In consideration of the premium, and anything in the policy or certificate to the contrary not withstanding, it is hereby understood and agreed that in no event shall any eligible class include, nor any benefits be payable on account of any person who has attained the maximum age limit of 70.

Termination of coverage on account of age shall not affect any claim originating before the insured person attains the maximum age limit.

Nothing herein contained shall be held to vary, alter, waive or extend any provision or condition of the Policy except as above stated.

Nothing herein contained shall vary, alter or extend any provision or condition of the policy other than as above stated.

Effective Date	January 1, 1980 at the hour specified in the policy.	Part of Policy No. ABL 63 38 65
Issued to	THE SCHOOL BOARD OF DADE COUNTY, FLORIDA	

Authorized Agent

Not valid unless countersigned by a duly authorized agent of the LIFE INSURANCE COMPANY OF NORTH AMERICA

President

LG-5136-A 5/71

LIFE INSURANCE COMPANY OF NORTH AMERICA
PREMIUM RIDER

Renewal Endorsement

In consideration of a three year installment renewal premium of $11,058.71, it is hereby understood and agreed that the policy to which this endorsement is attached is renewed for a further period of thirty-six (36) months effective January 1, 2003 and expiring January 1, 2006.

It is further understood and agreed that the installment premiums shall be paid as follows:

Due January 1, 2003	$3,686.24
Due January 1, 2004	$3,686.24
Due January 1, 2005	$3,686.23

Except for the above, this rider does not change the policy in any way.

Rider Effective Date: January 1, 2003		Part of Policy No.: ABL 655541		
Rider Expiration Date: January 1, 2006, at the hour specified in the policy.				
Issued to: The School Board of Dade County, Florida				
Producer Code # 003452		Sales Office # 504		Rider Term: January 1, 2003 to January 1, 2006
Suffix Codes	Premium	Suffix Codes	Premium	[X] Bill [ ] No Bill
926	$3,686.24			

January 29, 2003

Michael W. Bell

Michael W. Bell, President

Authorized Agent

LIFE INSURANCE COMPANY OF NORTH AMERICA

PREMIUM RIDER

Revised Renewal Endorsement

In consideration of a three year installment renewal premium of $8,811.49, it is hereby understood and agreed that the policy to which this endorsement is attached is renewed for a further period of thirty-six (36) months effective January 1, 2000 and expiring January 1, 2003.

It is further understood and agreed that the installment premiums shall be paid as follows:

Due January 1, 2000	$2,937.16
Due January 1, 2001	$2,937.16
Due January 1, 2002	$2,937.17

Except for the above, this rider does not change the policy in any way.

Rider Effective Date: January 1, 2000		Part of Policy No.: ABL 655541	
Rider Expiration Date: January 1, 2003, at the hour specified in the policy.			
Issued to: The School Board of Dade County, Florida			
Producer Code # 003452		Sales Office # 504	Rider Term: January 1, 2000 to January 1, 2003
Suffix Codes	Premium	Suffix Codes	Premium
920	$2,937.16		[X] Bill [ ] No Bill

November 22, 1999

Authorized Agent

JOHN K. LEONARD, President

LIFE INSURANCE COMPANY OF NORTH AMERICA

PREMIUM RIDER

Renewal Endorsement

In consideration of a renewal premium of $3,091.75, it is hereby understood and agreed that the policy to which this endorsement is attached is renewed for a further period of twelve (12) months effective January 1, 2000 and expires January 1, 2001.

Except for the above, this rider does not change the policy in any way.

Rider Effective Date: January 1, 2000		Part of Policy No.: ABL 655541		
Rider Expiration Date: January 1, 2001, at the hour specified in the policy.				
Issued to: The School Board of Dade County, Florida				
Producer Code # 003452		Sales Office # 504		Rider Term: January 1, 2000 to January 1, 2001
Suffix Codes	Premium	Suffix Codes	Premium	[X] Bill [ ] No Bill
926	$3,091.75			

November 17, 1999

JOHN K. LEONARD, President

Authorized Agent

Date Completed: 11/30/1998 Rider #: 9

LIFE INSURANCE COMPANY OF NORTH AMERICA
RENEWAL RIDER

In consideration of the payment of a renewal premium of $ 2,697.50

the policy term is extended for 12 months, from 01/01/1999 to 12/31/1999

Except for the above, this rider does not change the policy in any way.

Rider Effective Date	01/01/1999	Part of the Policy No.	ABL 655541
Rider Expiration Date	at the hour specified in the policy	12/31/1999	
Issued to The School Board of Dade County			
Producer Code # 003452	Sales Office/# 5AJ	Rider Term 12 Months	

Suffix Codes	Premium	Suffix Codes	Premium
925	$ 2,697.50		$
	$		$
	$		$

(X) Bill ( ) No Bill

Authorized Agent

John K. Leonard, President
JOHN K. LEONARD, PRESIDENT

Completed by: MG

Date Completed: 11/ /1997

Rider #: 8

LIFE INSURANCE COMPANY OF NORTH AMERICA
RENEWAL RIDER

In consideration of the payment of a renewal premium of $ 2,801.25

the policy term is extended for 12 months, from 01/01/1998 to 12/31/1998

Except for the above, this rider does not change the policy in any way.

Rider Effective Date	01/01/1998	Part of the Policy No.	AAL 655541
Rider Expiration Date	at the hour specified in the policy		12/31/1998
Issued to The School Board of Dade County			
Producer Code # 003452	Sales Office/# SAJ	Rider Term 12 Months	

Suffix Codes	Premium	Suffix Codes	Premium
925	$ 2,801.25		$
	$		$
	$		$

(X) Bill ( ) No Bill

Authorized Agent

John K. Leonard, President
JOHN K. LEONARD, PRESIDENT

Completed by:

REN RIDR mdt

Date Completed: 11/29/5

Rider #: 6

LIFE INSURANCE COMPANY OF NORTH AMERICA
RENEWAL RIDER

In consideration of the payment of a renewal premium of $ 1,328.00

the policy term is extended for 12 months, from 01/01/96 to 01/01/97

Except for the above, this rider does not change the policy in any way.

Rider Effective Date	January 1, 1996	Part of the Policy No.	ABL 655541
Rider Expiration Date	at the hour specified in the policy	January 1, 1997	
Issued to School Board of Dade County, Florida			
Producer Code # #003452 109679	Sales Office/# Miami SAJ	Rider Term 12 Months	

Suffix Codes	Premium	Suffix Codes	Premium
933	$ 1,328.00		$
	$		$
	$		$

○ Bill ○ No Bill

Authorized Agent

JOHN K. LEONARD, PRESIDENT

Completed by:

LIFE INSURANCE COMPANY OF NORTH AMERICA

ENDORSEMENT #5

It is hereby understood and agreed that in consideration of an annual renewal premium charge of $2,386.25, coverage is extended to the policyholder for the term of December 31,1 994 to December 31, 1995.

Premium must be remitted within 30 days.

RENEWAL RIDER

12/2/94 mg

Except for the above, this rider does not change the policy in any way.

Effective Date	Part of Policy No.
12/31/94 to 12/31/95 at the hour specified in the policy.	AKL 65 55 A1
Issued to	
School Board of Dade County, Florida	

GJA of South Florida Corporation #003452

Authorized Agent

JOHN K. LEONARD, President

Not valid unless countersigned by a duly authorized agent of the LIFE INSURANCE COMPANY OF NORTH AMERICA

LG-5134a 3/88

LIFE INSURANCE COMPANY OF NORTH AMERICA

ENDORSEMENT #4

It is hereby understood and agreed that in consideration of a renewal premium charge of $1,618.50, coverage is extended to the policyholder for the term of December 31, 1994 to December 31, 1995.

Premium must be remitted within 30 days.

RENEWAL RIDER

12/21/94 mg

Except for the above, this rider does not change the policy in any way.

Effective Date	Part of Policy No.
12/31/94 to 12/31/95 at the hour specified in the policy.	ABL 65 55 41
Issued to	
School Board of Dade County, Florida	

GIA of South Florida Corporation #003452

Authorized Agent

JOHN K. LEONARD, President

Not valid unless countersigned by a duly authorized agent of the LIFE INSURANCE COMPANY OF NORTH AMERICA

LG-5134a 3/88

LIFE INSURANCE COMPANY OF NORTH AMERICA

ENDORSEMENT #3

It is hereby understood and agreed that in consideration of a renewal premium charge of $1,577.00, coverage is extended to the policyholder for the term of December 31, 1993 to December 31, 1994 for the captioned policy.

Premium must be remitted within 30 days.

RENEWAL RIDER

933

12/1/93 mg

Except for the above, this rider does not change the policy in any way.

Effective Date		Part of Policy No.
12-31-93 to 12-31-94	at the hour specified in the policy.	ABL 65 55 41
Issued to		
School Board of Dade County, Florida		

GJA of South Florida Corporation #003452

Authorized Agent

Gordon L. Murphy

GORDON L. MURPHY, President

Not valid unless countersigned by a duly authorized agent of the LIFE INSURANCE COMPANY OF NORTH AMERICA

LG-5134a 3/88

LIFE INSURANCE COMPANY OF NORTH AMERICA

Endorsement #2

It is hereby understood and agreed that in consideration of a renewal premium charge of $1,369.50, coverage is extended to the policyholder for the term of January 1, 1993 through December 31, 1993.

Premium must be remitted within 30 days.

RENEWAL RIDER

11-11-92 mg

Except for the above, this rider does not change the policy in any way.

Effective Date		Part of Policy No.
1/1/93 to 12/31/93	at the hour specified in the policy.	ABL 65 55 41
Issued to		
School Board of Dade County, Florida		

GJA of South Florida Corporation Code #003452

Authorized Agent

Gordon L. Murphy

GORDON L. MURPHY, President

Not valid unless countersigned by a duly authorized agent of the LIFE INSURANCE COMPANY OF NORTH AMERICA

LG-5134a 3/88

LIFE INSURANCE COMPANY OF NORTH AMERICA

ENDORSEMENT #1
(Revised)

It is hereby understood and agreed that in consideration of a renewal premium charge of $1,369.50, coverage is extended to the policyholder for the term of Janaury 1, 1992 through December 31, 1992.

Premium must be remitted within 30 days.

1-21-92 mg

Except for the above, this rider does not change the policy in any way.

Effective Date	Part of Policy No.
1/1/92 - 12/31/92 at the hour specified in the policy.	ABL 65 55 41
Issued to	
School Board of Dade County, Florida	

GJA of South Florida Corporation Agency Code #003452

Authorized Agent

Gordon L. Murphy

GORDON L. MURPHY, President

Not valid unless countersigned by a duly authorized agent of the LIFE INSURANCE COMPANY OF NORTH AMERICA

LG-5134a 3/88

LIFE INSURANCE COMPANY OF NORTH AMERICA

ENDORSEMENT #00
FOR ACCOUNTING PURPOSES ONLY

It is hereby understood and agreed that the agent of record should be amended to read:

GJA of South Florida Corporation
7990 S.W. 117th Avenue
Miami, Florida 33183

Agency Code #003452

1/3/92 mg

Except for the above, this rider does not change the policy in any way.

Effective Date	Part of Policy No.
January 1, 1992 at the hour specified in the policy.	ABL 65 55 41
Issued to School Board of Dade County, Florida	

GJA of South Florida Corporation Agency Code #003452

Authorized Agent

Gordon L. Murphy
GORDON L. MURPHY, President

Not valid unless countersigned by a duly authorized agent of the LIFE INSURANCE COMPANY OF NORTH AMERICA

LG-5134a 3/88

LIFE INSURANCE COMPANY OF NORTH AMERICA

ENDORSEMENT #13

It is hereby understood and agreed that in consideration of a renewal premium charge of $1,369.50, coverage is extended to the policyholder for the term of January 1, 1992 through December 31, 1992.

PREMIUM MUST BE REMITTED WITHIN 30 DAYS.

Except for the above, this rider does not change the policy in any way.

Effective Date 1/1/92 to 12/31/92 at the hour specified in the policy.	Part of Policy No. ABL 65 55 41
Issued to School Board of Dade County, Florida	

Selman & Company #109679

Authorized Agent

Gordon L. Murphy

GORDON L. MURPHY, President

Not valid unless countersigned by a duly authorized agent of the LIFE INSURANCE COMPANY OF NORTH AMERICA

LG-5134a 3/88

LIFE INSURANCE COMPANY OF NORTH AMERICA

ENDORSEMENT #00

FOR ACCOUNTING PURPOSES ONLY

It is hereby understood and agreed that the agent of record should be amended to read:

Selman & Company
7990 S.W. 117th Avenue
P.O. Box 560695
Miami, FL 33256-0695

Agency #109679

3/11/91 kh

Except for the above, this rider does not change the policy in any way.

Effective Date	Part of Policy No.
1/1/91 at the hour specified in the policy.	ABL 65 55 41
Issued to School Board of Dade County, Florida	

Selman & Company #109679

Authorized Agent

Not valid unless countersigned by a duly authorized agent of the LIFE INSURANCE COMPANY OF NORTH AMERICA

GORDON L. MURPHY, President

LG-5134a 3/88

LIFE INSURANCE COMPANY OF NORTH AMERICA

#12

It is hereby understood and agreed that in consideration of a renewal premium charge of $960.00, coverage is extended to the Policyholder for the term of January 1, 1990 to January 1, 1991.

PREMIUM MUST BE REMITTED WITHIN 30 DAYS.

Class Code: 2299

12/28/89 tdk

Except for the above, this rider does not change the policy in any way.

Effective Date	Part of Policy No.
January 1, 1990 at the hour specified in the policy.	ABL 63 38 65
Issued to School Board of Dade County, Florida	

Davis-Gillingham Associates
109679

Authorized Agent

Gordon L. Murphy

GORDON L. MURPHY, President

Not valid unless countersigned by a duly authorized agent of the LIFE INSURANCE COMPANY OF NORTH AMERICA

LG-5134a 3/88

Named Insured			Endorsement Number
School Board of Dade County Florida			#11
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
AEL	63 38 65	1/1/89 to 1/1/90	1/1/89
Issued By (Name of Insurance Company)			
Life Insurance Company of North America			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

It is hereby understood and agreed that in consideration of a renewal premium charge of $960.00, coverage is extended to the policyholder for the term of January 1, 1989 to January 1, 1990.

Renewal Rider

Class Code: 2299

1/3/89 lo

Davis-Gillingham Associates #10

Authorized Agent

CC-1E15 Ptd. in U.S.A.

UNDERWRITING COPY

Named Insured			Endorsement Number
School Board of Dade County Florida			#10
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
ABL	63 38 65	1/1/88 to 1/1/89	1/1/88
Issued By (Name of Insurance Company)			
Life Insurance Company of North America			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

It is hereby understood and agreed that in consideration of a renewal premium charge of $732.00, coverage is extended to the policyholder for the term of January 1, 1988 to January 1, 1989.

Renewal Rider

Class Code 2299

pd 2/10/88

11/9/87 lo

Davis-Gillingham Associates, Inc.
Authorized Agent #109679

CC-1E15 Ptd. in U.S.A.

UNDERWRITING COPY

Named Insured			Endorsement Number
School Board of Dade County, Florida			#8
Policy Symbol: ABL	Policy Number: 63 38 65	Policy Period: 1/1/86 to 1/1/87	Effective Date of Endorsement: 1/1/86
Issued By (Name of Insurance Company): Life Insurance Company of North America			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

It is hereby understood and agreed that in consideration of a premium charge of $636.00, coverage is extended to the Policyholder for the period of January 1, 1986 to January 1, 1987.

Renewal rider

/ami
1/31

Davis-Gillingham Associates, Inc.

Authorized Agent

Named Insured			Endorsement Number
SCHOOL BOARD OF DADE COUNTY, FLORIDA			47
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
ABL	63 38 65	1/1/85 - 1/1/86	1/1/85
Issued By (Name of Insurance Company)			
LIFE INSURANCE COMPANY OF NORTH AMERICA			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

IT IS HEREBY UNDERSTOOD AND AGREED THAT IN CONSIDERATION OF A PREMIUM CHARGE OF $600.00, COVERAGE IS EXTENDED TO THE POLICYHOLDER FOR THE PERIOD OF JANUARY 1, 1985 TO JANUARY 1, 1986.

RENEWAL RIDER

1/8/85 mmg

DAVIS-GILLINGHAM ASSOCIATES, INC.

Authorized Agent

Date Completed: 12/02/

Rider #: 7A

LIFE INSURANCE COMPANY OF NORTH AMERICA
RENEWAL RIDER

In consideration of the payment of a renewal premium of $ 2,486.89

the policy term is extended for 12 months, from 01/01/97 to 01/01/98

REVISED RIDER

Except for the above, this rider does not change the policy in any way.

Rider Effective Date	January 1, 1997	Part of the Policy No.	ABL 655541
Rider Expiration Date	at the hour specified in the policy		January 1, 1998
Issued to	The School Board of Dade County		
Producer Code #	003452	Sales Office/# SAJ	Rider Term 12 Months

Suffix Codes	Premium	Suffix Codes	Premium
925	$ 2,486.89		$
	$		$
	$		$

○ Bill ○ No Bill

Authorized Agent

John K. Leonard, President
JOHN K. LEONARD, PRESIDENT

Completed by:

Date Completed: 11/19/

Rider #: 7

LIFE INSURANCE COMPANY OF NORTH AMERICA
RENEWAL RIDER

In consideration of the payment of a renewal premium of $ 2,925.75

the policy term is extended for 12 months, from 01/01/97 to 01/01/98

Except for the above, this rider does not change the policy in any way.

Rider Effective Date	January 1, 1997	Part of the Policy No.	ABL 655541
Rider Expiration Date	at the hour specified in the policy		January 1, 1998
Issued to	School Board of Dade County, Florida		
Producer Code #	003452	Sales Office/# 5AJ	Rider Term 12 Months

Suffix Codes	Premium	Suffix Codes	Premium
933	$ 2,925.75		$
	$		$
	$		$

⊗ Bill ○ No Bill

Authorized Agent

John K. Leonard, President
JOHN K. LEONARD, PRESIDENT

Completed by:

Date Completed: 12/21/9

Rider #: 6a

LIFE INSURANCE COMPANY OF NORTH AMERICA
RENEWAL RIDER

In consideration of the payment of a renewal premium of $ 2,427.75

the policy term is extended for 12 months, from 01/01/96 to 01/01/97

REVISED RIDER

Except for the above, this rider does not change the policy in any way.

Rider Effective Date	January 1, 1996	Part of the Policy No.	ABL 655541
Rider Expiration Date	at the hour specified in the policy	January 1, 1997	
Issued to	School Board of Dade County, Florida		
Producer Code #	003452	Sales Office/# Miami SAJ	Rider Term 12 Months

Suffix Codes	Premium	Suffix Codes	Premium
933	$ 2,427.75		$
	$		$
	$		$

⊗ Bill ○ No Bill

Authorized Agent

John K. Leonard, President
JOHN K. LEONARD, PRESIDENT

Completed by: