Rider No. 1

ATTACHING TO AND FORMING PART OF: ARS-04-0005890

ISSUED TO: Stalford Richard Neal

It is hereby declared and agreed that with effect from the Effective Date shown on the Declaration Page attached to the Evidence of Insurance, and continuing for the below mentioned time period, beginning on the Effective Date, any and all charges, expenses or claims related directly or indirectly to the following shall be excluded from this insurance, unless such charges, expenses or claims are directly attributable to and resulting from a covered accident:

Rider Condition	Time Period of Rider
Merca/MRSA in any form, or any disease or disorder of the (affected area), including any treatment or operation for or complications thereof.	**36 months**

All other terms, clauses, conditions, provisions, restrictions and exclusions remain unchanged.

_____
(NAME OF MEMBER)

x_____   _____
(SIGNATURE OF MEMBER, GUARDIAN OR PROXY)   DATE (Mo./Day/Yr.)

AZIMUTH RISK SOLUTIONS, LLC.

X_____

Carlos M. Robinson
President

Rider No. 1

ATTACHING TO AND FORMING PART OF: ARS-04-0005890

ISSUED TO: Stalford Shelley Amanda

It is hereby declared and agreed that with effect from the Effective Date shown on the Declaration Page attached to the Evidence of Insurance, and continuing for the below mentioned time period, beginning on the Effective Date, any and all charges, expenses or claims related directly or indirectly to the following shall be excluded from this insurance, unless such charges, expenses or claims are directly attributable to and resulting from a covered accident:

Rider Condition	Time Period of Rider
Merca/MRSA in any form, or any disease or disorder of the (affected area), including any treatment or operation for or complications thereof.	**36 months**

All other terms, clauses, conditions, provisions, restrictions and exclusions remain unchanged.

_____
(NAME OF MEMBER)

x_____   _____
(SIGNATURE OF MEMBER, GUARDIAN OR PROXY)   **DATE (Mo./Day/Yr.)**

AZIMUTH RISK SOLUTIONS, LLC.

X_____
Carlos M. Robinson
President