AMENDMENT

Group Name: State of New Hampshire
Group Number: AL00002490
Certificateholder Class: All Classes
Effective Date: 01/01/2014

Your insurance plan has been amended as described below. Except as amended, the original plan documentation remains unchanged. This Amendment should be kept with your contract documents.

- **The Basic Group Life coverage has been increased to $25,000 for Class 1, 2, and 5.**
- **The Basic Group Life coverage has been increased to $30,000 for Class 3, 4, and 6.**

Payment of your next premium constitutes acceptance of the change(s) noted above.

ANTHEM LIFE INSURANCE COMPANY

William J. Smith, President