

**AMENDMENT NO. 1
FOR
MERCER-AUGLAIZE EMPLOYEE BENEFIT TRUST
COMPREHENSIVE B
EMPLOYEE BENEFIT PLAN**

I. Effective July 1, 2006, the section "SCHEDULE OF BENEFITS" shall be amended as follows:

In the subsection "Comp B Medical Benefits," under the heading "Maximum Benefit Per Covered Person Per Calendar Year For:" the item "Well Child Care – age 1 to age 9" shall be deleted in its entirety and the following substituted therefore:

Well Child Care – age 1 to age 9	\$500
----------------------------------	-------

II. Effective January 1, 2006, the section "SCHEDULE OF BENEFITS" shall be amended as follows:

In the subsection "Comp B Medical Benefits," under the heading "Maximum Benefit Per Covered Person Per Calendar Year For:" the following item shall be added:

Chiropractic Care	24 Visits
-------------------	-----------

III. Effective July 1, 2006, the section "SCHEDULE OF BENEFITS" shall be amended as follows:

In the subsection "Comp B Medical Benefits," under the heading "Benefit Description," the item "Well Child Care & Immunizations" shall be deleted in its entirety and the following substituted therefore:

BENEFIT DESCRIPTION	<i>(% of customary and reasonable amount)</i>
Well Child Care & Immunizations Limitation: birth to age 1 - \$500 <i>maximum benefit</i> age 1 to age 9 - \$500 <i>maximum benefit</i> per calendar year	80%

IV. Effective January 1, 2006, the section "**SCHEDULE OF BENEFITS**" shall be amended as follows:

In the subsection "**Comp B Medical Benefits**," under the heading "**Benefit Description**," the item "**Chiropractic Care**" shall be deleted in its entirety and the following substituted therefore:

BENEFIT DESCRIPTION	(% of <i>customary and reasonable amount</i>)
Chiropractic Care Limitation: 24 visits per calendar year	80%

V. Effective January 1, 2006, the section "**MEDICAL EXPENSE BENEFIT**" shall be amended as follows:

The subsection "**Chiropractic Care**" shall be deleted in its entirety and the following substituted therefore:

CHIROPRACTIC CARE

Covered expenses include initial consultation, x-rays and treatment, subject to the *maximum benefit* shown on the *Schedule of Benefits*.

Received and accepted for: Mercer-Auglaize Employee Benefit Trust