

**AMENDMENT NO. 1
FOR
MERCER-AUGLAIZE EMPLOYEE BENEFIT TRUST
PREFERRED PROVIDER ORGANIZATION
EMPLOYEE BENEFIT PLAN**

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

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

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

Chiropractic Care	24 Visits
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III. Effective July 1, 2006, the section "SCHEDULE OF BENEFITS" shall be amended as follows:

In the subsection "PPO 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>Preferred Provider</i> (% of <i>negotiated rate</i> , if applicable, otherwise % of <i>customary and reasonable amount</i>)	<i>Nonpreferred Provider</i> (% of <i>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	100%	*100%

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

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

BENEFIT DESCRIPTION	<i>Preferred Provider</i> (% of <i>negotiated rate</i> , if applicable, otherwise % of <i>customary and reasonable amount</i>)	<i>Nonpreferred Provider</i> (% of <i>customary and reasonable amount</i>)
Chiropractic Care Limitation: 24 visits per calendar year		
Office Visit	100% after \$10 copay	*70% after \$10 copay
All Other Chiropractic Services	90%	70%

* Deductible Waived

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