EXHIBIT A to the
Florida Local Government Health Insurance Consortium Business Associate Agreement

Endorsement

_____ ("Member") hereby endorses, acknowledges, accepts and agrees to be bound by the terms and provisions of the Florida Local Government Health Insurance Consortium Business Associate Agreement dated as of October 1, 2014 ("BAA") by and among The Benecon Group, Inc., ConnectCare3, LLC, Brown & Brown of Florida, Inc., and Florida Local Government Health Insurance Consortium ("FLGHIC") and its Members.

IN WITNESS WHEREOF, Member has executed this Endorsement intending to be legally bound by the terms and provisions of the Agreement as of the date shown below.

By:_____

Name:_____

Title:_____

Date:_____