FIDELITY SECURITY LIFE INSURANCE COMPANY®

3130 Broadway
Kansas City, Missouri 64111-2406
Phone 800-648-8624
A STOCK COMPANY
(Herein Called "the Company")

POLICY NUMBER:	VC-146
POLICYHOLDER:	QCR Holdings, Inc.
STATE OF ISSUE:	Iowa
POLICY EFFECTIVE DATE:	January 1, 2012
POLICY ANNIVERSARY DATE:	January 1 of the following year and each January 1 thereafter

Fidelity Security Life Insurance Company agrees to pay the benefits provided by the Policy in accordance with its terms and conditions.

The Policy is issued in consideration of the Policyholder's application (a copy of which is attached) and receipt by the Company of the premiums.

All periods of time under the Policy begin and end at 12:01 A.M. Local Time at the Policyholder's business address.

The Policy may be modified by mutual agreement between the Policyholder and the Company.

The Policy is issued by Fidelity Security Life Insurance Company at Kansas City, Missouri on the Policy Effective Date.

FIDELITY SECURITY LIFE INSURANCE COMPANY

Bryson T. Jones — Bradford R. James

President — Secretary

GROUP VISION INSURANCE POLICY
THIS IS A LIMITED BENEFIT POLICY
Please read the Policy carefully.

PREMIUMS

Premiums are payable in advance by the Policyholder. The first premium is due on the effective date of the Policy. Subsequent premiums are due on the first day of each calendar month thereafter.

The required premium due on each premium due date is the sum of the premiums for all Insureds and their Dependents covered under the Policy. The premiums due will be determined by applying the premium rates then in effect for each plan provided by the Policy to the number of Insured Persons. All premiums are payable to the Company at the Company's home office or to any of the Company's authorized agents.

The premium due may be adjusted due to a change in insurance as requested by the Policyholder or as required by the Company as follows:

1. if an amount of insurance is added or increased during a calendar month, premiums will be increased as of the date the change becomes effective, unless otherwise mutually agreed;
2. if an amount of insurance is deleted or decreased during a calendar month, premium will cease or be decreased at the end of the calendar month in which the deletion or decrease occurred, unless otherwise mutually agreed;
3. if the Policyholder's contribution percentage is changed, premium will be adjusted at the end of the calendar month in which the change occurred, unless otherwise mutually agreed; or
4. if the number of eligible employees increases or decreases by more than 10% premium will be adjusted at the end of the calendar month in which the increase or decrease occurred, unless otherwise mutually agreed.

If premiums are due the Company or premium refunds are due the Policyholder as a result of clerical error or delay in the reporting of dates and/or data to the Company, all premiums or refunds will be calculated at the current rate of premium payment and are limited to a maximum period of the current month plus six months.

Premium Rate Change. The Company has the right to change the premium rate on or after the fourth Policy Anniversary Date. The Company will provide written notice at least 31 days before the date of change.

Grace Period. A grace period of 31 days will be allowed to the Policyholder for the payment of each premium due after the first premium. The Policy will remain in force during the grace period. If the required premium is not paid by the end of the 31-day period, the Policy will terminate. The Policyholder will be required to pay premium for the grace period.

Return of Premium. The Company reserves the right to rescind the coverage for one or all Insureds due to misrepresentation or fraud on the Policyholder's application or an Insured's enrollment form, if such misrepresentation materially affected the acceptance of the risk.

If, on the date coverage is rescinded, no claims have been paid under the Policy, the Company will return all premiums paid for such coverage to the Policyholder.

If, on the date coverage is rescinded, claims have been paid under the Policy, the Company reserves the right to deduct from the premiums to be returned to the Policyholder an amount equal to the amount of such claims paid.

TERMINATION OF POLICY

The Policyholder or the Company may terminate or cancel the Policy on the earliest of the following:

1. any date on or after the fourth Policy Anniversary Date the Company requests termination. Written notice must be provided to the Policyholder at least 31 days prior to termination;
2. any date on or after the date the Company receives the Policyholder's written request for termination;
3. the date the number of persons covered under the Policy does not meet the minimum participation requirements of 10;
4. the date the required premium has not been paid, except as provided in the Grace Period provision; or
5. the date 100% of the eligible employees are not covered when a contribution is not required by the employee.

The Policyholder is responsible for notifying the Insured of the termination of the Policy.

Termination of the insurance of any Insured Person will be without prejudice to any claim originating before the date of termination.

CERTIFICATE

The Company will furnish the Certificate to the Policyholder for the Insured which will set forth the essential features of the insurance coverage.

ADDITIONAL INSUREDS

Insured Persons may be added at any time if they meet the eligibility requirements stated in the Policyholder's application, complete an enrollment form, if required, and pay any required premium.

INCORPORATION PROVISION

The provisions of the attached Certificate and all Rider(s) issued with the Policy or to amend the Policy after the Policy Effective Date are made a part of the Policy.

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POLICY NUMBER: VC-146

POLICYHOLDER: QCR Holdings, Inc.

POLICY EFFECTIVE DATE: January 1, 2012

POLICY ANNIVERSARY DATE: January 1 of the following year and each January 1 thereafter

Fidelity Security Life Insurance Company represents that the Insured Person is insured for the benefits described in the following pages, subject to and in accordance with the terms and conditions of the Policy.

The Policy may be amended, changed, cancelled or discontinued without the consent of any Insured Person.

The Certificate explains the plan of insurance. An individual identification card will be issued to the Insured containing the group name, group number, and Insured's effective date. The Certificate replaces all certificates previously issued to the Insured under the Policy.

All periods of time under the Policy will begin and end at 12:01 A.M. Local Time at the Policyholder's business address.

The Policy is issued by Fidelity Security Life Insurance Company at Kansas City, Missouri on the Policy Effective Date.

FIDELITY SECURITY LIFE INSURANCE COMPANY

Bryson T. Jones — President

Bradford R. James — Secretary

GROUP VISION INSURANCE CERTIFICATE
THIS IS A LIMITED BENEFIT CERTIFICATE
Please read the Certificate carefully.

THIS PLAN IS NOT MEDICARE SUPPLEMENT. If you are eligible for Medicare, please review "Choosing a Medigap Policy: A Guide to Health Insurance for People With Medicare," available from the Company.

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SCHEDULE OF BENEFITS ..... Attached (1A)

DEFINITIONS

Allowance means the benefit amount shown in the Schedule of Benefits that is the maximum amount payable by the Company, subject to the expenses incurred. The Insured Person is responsible for any amounts due above the Allowance. The Allowance cannot be used to satisfy a Copayment.

Benefit Frequency means the period of time in which a benefit is payable as shown in the Schedule of Benefits.

The Benefit Frequency begins on the later of the Insured Person's effective date or last date services were provided to the Insured Person. Each new Benefit Frequency begins at the expiration of the previous Benefit Frequency.

Copayment or **Copay** means the designated amount, if any, shown in the Schedule of Benefits each Insured Person must pay to a Provider before benefits are payable for a covered Vision Examination or Vision Materials per Benefit Frequency.

Comprehensive Eye Examination means a general evaluation of the complete visual system. The examination includes history, general medical observation, external and ophthalmoscopic examinations, gross visual fields, basic sensorimotor examination and Refraction. It always includes initiation of diagnostic and treatment programs. It may include biomicroscopy, examination with cycloplegia or mydriasis and tonometry, as determined by the Provider. These services may be performed at different sessions, but comprise only one Comprehensive Eye Examination.

Dependent means any of the following persons whose coverage under the Policy is in force and has not ended:

1. the Insured's lawful spouse or Domestic Partner;
2. each child of the Insured or the Insured's spouse who is under 25 years of age;
3. each unmarried child who is primarily dependent upon the Insured or the Insured's spouse for support and maintenance and who is a full-time student; or
4. each unmarried child at least 25 years of age who is primarily dependent upon the Insured or the Insured's spouse for support and maintenance because the child is incapable of self-sustaining employment by reason of mental incapacity or physical handicap.

Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and child under the Insured's legal guardianship, if such child depends primarily on the Insured for support. Dependent will also include a child for whom the Insured is legally required to support due to court order or divorce decree. A full-time student is one who is actively attending at least the minimum number of hours of class a week the school considers as full-time status.

Domestic Partner means a same-sex or an opposite-sex adult who is in a committed relationship with the Insured and the Insured and the Domestic Partner are mutually responsible for one another financially and otherwise. The term "spouse," wherever used, will include a Domestic Partner.

Insured means an employee of the Policyholder who meets the eligibility requirements as shown in the Policyholder's application, and whose coverage under the Policy is in force and has not ended.

Insured Person means the Insured. Insured Person will also include the Insured's Dependents, if enrolled.

In-Network Provider means a Provider who has signed a Preferred Provider Agreement with the PPO.

Medically Necessary Contact Lenses means that adequate functional vision correction cannot be achieved with spectacles but can be achieved with contact lenses. Conditions that qualify for Medically Necessary Contact Lenses are:

1. Anisometropia of 3D in meridian powers;
2. High Ametropia exceeding -12D or +12D in meridian powers;
3. Keratoconus when vision is not correctable to 20/25 in either eye or both eyes using standard spectacle lenses; or
4. vision impairments, other than Keratoconus, when vision can be improved by two lines on the visual acuity chart when compared to best corrected standard spectacle lenses.

Out-of-Network Provider means a Provider, located within the PPO Service Area, but is not an In-Network Provider.

Policy means the Vision Insurance Policy issued to the Policyholder.

Policyholder means the employer named as the Policyholder in the face page of the Policy.

PPO Service Area means the geographical area where the PPO is located.

Preferred Provider Agreement means the agreement between the PPO and a Provider who agrees to become an In-Network Provider. The Preferred Provider Agreement contains the rates and reimbursement methods for services and supplies furnished by an In-Network Provider.

Preferred Provider Organization ("PPO") means a network of Providers and retail chain stores within the PPO Service Area that have signed a Preferred Provider Agreement.

Provider means a licensed physician or optometrist who is operating within the scope of his or her license. Provider also includes a dispensing optician.

Refraction means a test performed by a Provider to determine the glasses or contact lens prescription due to a refractive error (for example, nearsightedness, farsightedness, astigmatism or presbyopia).

Vision Examination means any eye or visual examination covered under the Policy and shown in the Schedule of Benefits.

Vision Materials means those materials provided for visual health and welfare shown in the Schedule of Benefits.

EFFECTIVE DATES

Effective Date of Insured's Insurance. The Insured's insurance will be effective as follows:

1. if the Policyholder does not require the Insured to contribute toward the premium for this coverage, the Insured's insurance will be effective on the date the Insured becomes eligible;
2. if the Policyholder requires the Insured to contribute toward the premium for this coverage, the Insured's insurance will be effective on the date the Insured becomes eligible, provided;
   a. the Insured has given the Company the Insured's enrollment form (if required) on, prior to, or within 30 days of the date the Insured becomes eligible; and
   b. the Insured has agreed to pay the required premium contributions; and
3. if the Insured fails to meet the requirements of 2 a) and 2 b) within 30 days after becoming eligible, the Insured's coverage will not become effective until the Company has verified that the Insured has met these requirements. The Insured will then be advised of the Insured's effective date.

Effective Date of Dependents' Insurance. Coverage for Dependents becomes effective on the later of:

1. the date Dependent coverage is first included in the Insured's coverage; or
2. the premium due date on or after the date the person first qualifies as the Insured's Dependent. If an enrollment form is required, the Insured must provide such form and agree to pay any premium contribution that may be required prior to coverage becoming effective.

If the Insured and the Insured's spouse are both Insureds, one Insured may request to be a Dependent spouse of the other. A Dependent child may not be covered by more than one Insured.

Newborn Children. A Dependent child born while the Insured's coverage is in force will be covered from the moment of birth until the next premium due date or 60 days, whichever is later. To continue coverage beyond this period, the Insured must provide notice to the Company and agree to pay any premium contribution that may be required within this period.

Adopted Children. If a Dependent child is adopted or placed with the Insured for adoption while the Insured's coverage is in force, this child will be covered from the date of adoption or placement until the next premium due date or 60 days, whichever is later. To continue coverage beyond this period, the Insured must provide notice to the Company and agree to pay any premium contribution that may be required within this period. If proper notice has been given, coverage will continue unless the placement is disrupted prior to legal adoption and the child is removed from placement.

BENEFITS

Benefits are payable for each Insured Person as shown in the Schedule of Benefits for expenses incurred while this insurance is in force.

In-Network Provider Benefits. The Insured Person must pay any Copayment or any cost above the Allowance shown in the Schedule of Benefits at the time the covered service is provided. Benefits will be paid to the In-Network Provider who will file a claim with the Company on behalf of the Insured Person.

Out-of-Network Provider Benefits. The Insured Person must pay the Out-of-Network Provider the full cost at the time the covered service is provided and file a claim with the Company, unless the Out-of-Network Provider allows assignment of benefits. The Company will pay the Out-of-Network benefits up to the maximum dollar amount shown in the Schedule of Benefits.

LIMITATIONS

Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy.

Allowances provide no remaining balance for future use within the same Benefit Frequency.

EXCLUSIONS

No benefits will be paid for services or materials connected with or charges arising from:

1. medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures;
2. Refraction, when not provided as part of a Comprehensive Eye Examination;
3. services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
4. orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses;
5. any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment;

6. safety eyewear;
7. solutions, cleaning products or frame cases;
8. non-prescription sunglasses;
9. plano (non-prescription) lenses;
10. plano (non-prescription) contact lenses;
11. two pair of glasses in lieu of bifocals;
12. electronic vision devices;
13. services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or
14. lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available.

TERMINATION OF INSURANCE

The Policyholder or the Company may terminate or cancel the Policy as shown in the Policy.

For All Insureds. The Insureds' insurance will cease on the earlier of:

1. the date the Policy ends;
2. the end of the last period for which any required premium contribution agreed to in writing has been made;
3. the date the Insured is no longer eligible for insurance; or
4. the date the Insured's employment with the Policyholder ends. The Policyholder may, at the Policyholder's option, continue insurance for individuals whose employment has ended, if the Policyholder:
   a. does so without individual selection between Insureds; and
   b. continues to pay any premium contribution for those individuals.

For Dependents. A Dependent's insurance will cease on the earlier of:

1. the date the Insured's coverage ends;
2. the date the Dependent ceases to be an eligible Dependent as defined in the Policyholder's application; or
3. the end of the last period for which any required premium contribution has been made.

A Dependent child will not cease to be a Dependent solely because of age if the child is:

1. not capable of self-sustaining employment due to mental incapacity or physical handicap that began before the age limit was reached; and
2. mainly dependent on the Insured for support.

The Company may ask for proof of the eligible Dependent child's incapacity and dependency two months prior to the date the Dependent child would otherwise cease to be covered.

The Company may require the same proof again, but will not request it more than once a year after this coverage has been continued for two years. This continued coverage will end on the earlier of:

1. on the date the Policy ends;
2. on the date the incapacity or dependency ends;
3. on the end of the last period for which any required premium contribution for the Dependent child has been made; or
4. 60 days following the date the Company requests proof and such proof is not provided to the Company.

PREMIUMS

The Company provides insurance coverage in return for premium payment. Premiums are payable to the Company by the Policyholder on behalf of the Insured Person. The Insured Person's first premium is due on the Insured Person's Effective Date. Premiums must be paid to the Company on or before the due date. The initial premium rates are shown in the Policyholder's application.

Premium Changes. The Company has the right to change the premium rates on any premium due date as allowed in the Policy. The Company will provide written notice to the Policyholder at least 31 days before the date of the change. The premium rates also may be changed at any time the terms of the Policy are changed.

Grace Period. The Policy has a 31-day grace period for the payment of each premium due after the first premium. Coverage will continue in force during the grace period. Coverage will terminate at the end of the grace period if all premiums due are not paid. The Company will require payment of all premiums for the period this coverage continues in force, including the premiums for the grace period. The grace period will not apply if the Company receives written notice of the Policyholder's or the Insured's intent to terminate coverage.

Unpaid Premium. When a claim is paid during the grace period, any premium due and unpaid for the Insured Person will be deducted from the claim payment.

CLAIMS

Notice of Claim. Written notice of claim must be given to the Company within 30 days after the occurrence or commencement of any loss covered by the Policy, or as soon as is reasonably possible. Notice given by or for the Insured Person to the Company at the Company's home office, to the Company's authorized administrator or to any of the Company's authorized agents with sufficient information to identify the Insured Person will be deemed as notice to the Company.

Claim Forms. The Company will furnish claim forms to the Insured Person within 15 days after notice of claim is received. If the Company does not provide the forms within that time, the Insured Person may send written proof of the occurrence, character and extent of loss for which the claim is made within the time stated in the Policy for filing proof of loss.

Proof of Loss. Written proof of loss must be furnished to the Company at the Company's home office within 90 days after the date of the loss. Failure to furnish proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within that time, if the proof is furnished as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted later than one year from the time proof is required.

Time Payment of Claims. Any benefit payable under the Policy will be paid immediately, but not more than 30 days, upon receipt of due written proof of loss.

Payment of Claims. All claims will be paid to the Insured, unless assigned. Any benefits payable on or after the Insured's death will be paid to the Insured's estate.

Assignment. Benefits under the Policy may be assigned.

Right of Recovery. If payment for claims exceeds the amount for which the Insured Person is eligible under any benefit provision or rider of the Policy, the Company has the right to recover the excess of such payment from the Provider or the Insured.

Legal Actions. No Insured Person can bring an action at law or in equity to recover on the Policy until more than 60 days after the date written proof of loss has been furnished according to the Policy. No such action may be brought after the expiration of three years after the time written proof of loss is required to be furnished. If the time limit of the Policy is less than allowed by the laws of the state where the Insured Person resides, the limit is extended to meet the minimum time allowed by such law.

GENERAL PROVISIONS

Clerical Error. Clerical errors or delays in keeping records for the Policy will not deny insurance that would otherwise have been granted, nor extend insurance that otherwise would have ceased, and call for a fair adjustment of premium and benefits to correct the error.

Conformity to Law. Any provision of the Policy that is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

Entire Contract. The Policy, including any endorsements and riders, the Certificate, the Policyholder's application, which is attached to the Policy when issued, the Insured's individual enrollment form, if any, and the eligibility file, if any, are the entire contract between the parties. A copy of the Policy may be examined at the office of the Policyholder during normal business hours. All statements made by the Policyholder or an Insured will, in the absence of fraud, be deemed representations and not warranties, and no such statement will be used in defense to a claim hereunder unless it is contained in a written instrument signed by the Policyholder, the Insured, the Insured's beneficiary or personal representative, a copy of which has been furnished to the Policyholder, the Insured, the Insured's beneficiary or personal representative.

Amendments and Changes. No agent is authorized to alter or amend the Policy, or to waive any conditions or restrictions herein, or to extend the time for paying any premium. The Policy and the Certificate may be amended at any time by mutual agreement between the Policyholder and the Company without the consent of the Insured, but without prejudice to any loss incurred prior to the effective date of the amendment. No person except an Officer of the Company has authority on behalf of the Company to modify the Policy or to waive or lapse any of the Company's rights or requirements.

Incontestability. After the Policy has been in force for two years, it can only be contested for nonpayment of premiums. No statement made by an Insured Person can be used in a contest after the Insured Person's insurance has been in force for two years during the Insured Person's lifetime. No statement an Insured Person makes can be used in a contest unless it is in writing and signed by the Insured Person.

Insurance Data. The Policyholder must give the Company the names and ages of all individuals initially insured. The names of persons who later become eligible (whether or not the person becomes insured), and the names of those who cease to be eligible must also be given. The eligibility dates and any other necessary data must be given to the Company so that the premium can be determined.

The Company has the right to audit the Policyholder's books and records as the books and records relate to this insurance. The Company may authorize someone else to perform this audit. Any such inspection may be done at any reasonable time.

Workers' Compensation. The Policy is not a Workers' Compensation policy. The Policy does not satisfy any requirement for coverage by Workers' Compensation Insurance.

SCHEDULE OF BENEFITS

QCR Holdings, Inc.

BENEFIT FREQUENCY		
Vision Examination		
Comprehensive Eye Examination	once every 12 months	Insured Person
Vision Materials		
Frame	once every 24 months	Insured Person
Lenses	once every 12 months	Insured Person
Contact Lenses	once every 12 months	Insured Person

BENEFIT	*In-Network Provider*	*Out-of-Network Provider* *(Reimbursement up to)*
Vision Examination		
Comprehensive Eye Examination	$10 Copayment	$35
Vision Materials		
Frame	$0 Copayment up to $120 Allowance	$60
Contact Lenses Only one of the following Contact Lenses benefits may be used for the Contact Lenses benefit. Contact Lenses are in lieu of Lenses.		
Conventional	$0 Copayment up to $135 Allowance	$108
Disposable	$0 Copayment up to $135 Allowance	$108
Medically Necessary	Paid in Full	$200
Standard Plastic Lenses		
Single Vision	$25 Copayment	$25
Bifocal	$25 Copayment	$40
Trifocal	$25 Copayment	$65
Progressive – Standard	$25 Copayment up to $55 Allowance	$40

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AMENDATORY RIDER REGARDING REPLACEMENT COVERAGE

The Policy/Certificate to which this Amendment Rider is attached is amended as follows:

The following applies when the Policy serves to replace similar coverage the Policyholder previously obtained through another plan or policy. In this provision, that other plan or policy is referred to as the prior plan. The Policyholder's coverage under the Policy will not be considered as replacement coverage unless the Policyholder's coverage under the Policy takes effect within 60 days after coverage under the prior plan ends.

In the absence of this provision, an Insured Person who was covered by the prior plan at the date of discontinuance might not qualify for coverage under the Policy because the person is not actively at work or is confined in a Hospital.

Each such person will be insured under the Policy if:

1. the person was insured under the prior plan, including coverage under the prior plan's extension of benefits provision, on the date the Policyholder's coverage with the prior plan ended;
2. the prior plan covered more than 15 people; and
3. the person is in a class of persons eligible for coverage under the Policy.

The benefits payable for the persons described above will be the benefits of the Policy less any amount payable under the prior plan pursuant to any extension of benefits provision.

The Policy, in applying any waiting periods, will give credit for the satisfaction or partial satisfaction of the same or similar provisions under the prior policy.

This Rider takes effect on the effective date of the Policy/Certificate to which it is attached. This Rider terminates concurrently with the Policy/Certificate to which it is attached. It is subject to all the terms and conditions of the Policy/Certificate except as stated herein.

FIDELITY SECURITY LIFE INSURANCE COMPANY

Bryson Z. Jones — President

Bradford R. James — Secretary

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AMENDMENT RIDER

By attachment of this Rider, the third paragraph of the **PREMIUMS** section in the Policy is amended to add the following:

5. if a government action, including fees, taxes and assessments, or change in law or regulation materially affects the Company's risk, premium may be adjusted and will be effective upon written notification from the Company at least 31 days before the date of change.

This Rider takes effect on the effective date of the Policy to which it is attached. This Rider terminates concurrently with the Policy to which it is attached. It is subject to all the definitions, limitations, exclusions and conditions of the Policy except as stated.

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NOTICE OF PROTECTION PROVIDED BY

IOWA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

This notice provides a brief summary of the Iowa Life and Health Insurance Guaranty Association Act (the "Association") and the protection it provides for policyholders. This safety net was created under Iowa law, located at Iowa Code Chapter 508C, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, annuity, health insurance company or health maintenance organization becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Iowa law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are:

- Life Insurance
  - $300,000 in death benefits
  - $100,000 in net cash surrender and withdrawal values
- Health Insurance
  - $500,000 for health benefit plans (see definition below)
  - $300,000 in disability income protection insurance benefits
  - $300,000 in long-term care insurance benefits
  - $100,000 in other types of health insurance benefits, including net cash surrender and withdrawal values
- Annuities
  - $250,000 in the present value of annuity benefits, including net cash surrender and withdrawal values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is $350,000. Special rules may apply with regard to health benefit plans.

"Health benefit plan" is defined in the applicable Iowa law and generally includes hospital or medical expense policies, contracts or certificates, or HMO subscriber contracts that provide comprehensive forms of coverage for hospitalization or medical services, but excludes policies that provide coverages for limited benefits (such as dental-only or vision-only insurance), Medicare Supplement insurance, disability income insurance and long-term care insurance.

Note: Certain policies and contracts may not be covered or fully covered. If coverage is available, it will be subject to substantial limitations and exclusions. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements under Iowa law.

Benefits provided by a long-term care rider to a life insurance policy or annuity contract shall be considered the same type of benefits as the base life insurance policy or annuity contract to which the long-term rider relates.

To learn more about the Association and the protections it provides, as well as those relating to group contracts or retirement plans, please visit the Association's website at www.ialifega.org, or contact:

Iowa Life and Health Insurance Guaranty Association
700 Walnut Street, Suite 1300
Des Moines, IA 50309
(515) 248-5712

Iowa Insurance Division
1963 Bell Ave, Suite 100
Des Moines, IA 50315
(515) 654-6600

Information about the financial condition of insurers is available from a variety of sources, including financial rating agencies such as AM Best Company, Fitch Ratings, Inc., Moody's Investors Service, and S&P Global Ratings.

The Association is subject to the supervision of the Commissioner of the Iowa Insurance Division. Persons who desire to file a complaint to allege a violation of the laws governing the Association may contact the Iowa Insurance Division. State law provides that any suit against the Association shall be brought in the Iowa District Court in Polk County, Iowa.

Insurance companies and agents are not allowed by Iowa law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance or HMO coverage. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Iowa law, then Iowa law will control.

FACTS

WHAT DOES Fidelity Security Life Insurance Company® and Affiliates DO WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: ■ Social Security number and transaction history ■ medical information and insurance claim information ■ assets and checking account information When you are no longer our customer, we continue to share your information as described in this notice.
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Fidelity Security Life Insurance Company and Affiliates choose to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Fidelity Security Life Insurance Company share?	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes – to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes – information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes – information about your creditworthiness	No	We don't share
For our affiliates to market to you	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?	Call 800-648-8624 or go to www.fslins.com

Who we are	
Who is providing this notice?	Fidelity Security Life Insurance Company and Affiliates including our Administrative, Insurance and Financial Service Providers.

What we do	
How does Fidelity Security Life Insurance Company and Affiliates protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. These physical, electronic and procedural safeguards were created to protect your information. We also limit employee access as appropriate.
How does Fidelity Security Life Insurance Company and Affiliates collect my personal information?	We collect your personal information, for example, when you ■ apply for insurance or pay insurance premiums ■ file an insurance claim or give us your contact information ■ show your driver's license We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only ■ sharing for affiliates' everyday business purposes – information about your creditworthiness ■ affiliates from using your information to market to you ■ sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing.

Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. ■ *Our affiliates include Fidelity Security Life Insurance Company of New York, Fidelity Security Assurance Company, Forrest T. Jones & Company, Inc. and Forrest T. Jones Consulting Company.*
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. ■ *Fidelity Security Life Insurance Company does not share with nonaffiliates so they can market to you.*
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. ■ *Our joint marketing partners include insurance agencies, broker dealers and investment advisor firms.*

Other important information

FIDELITY SECURITY LIFE INSURANCE COMPANY®

3130 Broadway
Kansas City, Missouri 64111-2406
Phone 800-648-8624
A STOCK COMPANY
(Herein Called "the Company")

Amendment to the Application for Vision Care Benefits

Current Group Information (as reflected in the Company's records):

Group Name: QCR Holdings, Inc.

DBA, (if applicable): _____

Policy Number _____ Group Number: _____

Effective January 1, 2026 **the Application for Vision Care Benefits is amended as noted below:**

☐ **Change in Effective Date:**
Original Effective Date: _____ New Effective Date: _____

☐ **Change in Policy Number:**
Original Policy Number: _____ New Policy Number: _____

☑ **Change in Renewal Date:**
Original Renewal Date: January 1, 2026 New Renewal Date: January 1, 2030

☐ **Name Change (Same Tax ID#):**
New Group Name: _____
DBA, if applicable: _____

☐ **Change in Primary Business Address (same state):**
New Street Address: _____
City: _____ Sate: _____ Zip: _____

☐ **Change to Coverage for Domestic Partners:**
Are Domestic Partners to be covered under this Plan*? ☐ Yes ☐ No Same Sex*? ☐ Yes ☐ No Opposite Sex*? ☐ Yes ☐ No

**Unless state law has different requirements.*

☐ **Change to Dependent Age Coverage:**
Dependent Children to be covered to Age**: ☐ 19 ☐ 21 ☐ 25 ☐ 26*** ☐ Other _____

Dependent Children who are full-time students covered to Age**: ☐ 23 ☐ 25 ☐ 27 ☐ Other _____

***Unless state law has different requirements.*
****Dependent Children covered to age 26 regardless of financial dependency, residency, student status or marital status.*

☐ **Change in Probationary Period**

For New Employees/Members: ☐ 30 days ☐ 60 days ☐ 90 days ☐ 180 days ☐ Other _____

Probationary Period is waived for present Employees/Members: ☐ Yes ☐ No

Number of Employees/Members who have not yet completed the probationary period: _____

☐ **New Rates, Benefits, Networks or Plans:**

☐ A. New Rates: Please refer to the attached proposal page.

☐ B. New Benefits: Please refer to the attached proposal page.

☐ C. New Network: Please refer to the attached proposal page.

☐ D. New Plan: Please refer to the attached proposal page.

☐ **Change in Group Size (Florida, Michigan, Missouri policyholders only):**

Original Number of Eligible Employees/Members: _____

New Number of Eligible Employees/Members: _____

FIDELITY SECURITY LIFE INSURANCE COMPANY

Bryson Z. Jones Bradford R. Jones

President Secretary

FIDELITY SECURITY LIFE INSURANCE COMPANY®
3130 Broadway
Kansas City, Missouri 64111-2406
Phone 800-648-8624
A STOCK COMPANY
(Herein Called "the Company")

Amendment to the Application for Vision Care Benefits

Current Group Information (as reflected in the Company's records):

Group Name: QCR Holdings, Inc.

DBA, (if applicable):

Policy Number: Group Number:

Effective January 1, 2022 **the Application for Vision Care Benefits is amended as noted below:**

☒ **Change in Policy Number:**

Original Policy Number: VC-19 New Policy Number: VC-146

☒ **Change in Renewal Date:**

Original Renewal Date: January 1, 2022 New Renewal Date: January 1, 2026

☐ **Name Change (Same Tax ID#):**

New Group Name:

DBA, if applicable:

☐ **Change in Primary Business Address (same state):**

New Street Address:

City: State: ZIP:

☐ **Change to Coverage for Domestic Partners:**

Are Domestic Partners to be covered under this Plan*? ☐ Yes ☐ No Same Sex*? ☐ Yes ☐ No Opposite Sex*? ☐ Yes ☐ No

** Unless state law has different requirements.*

☐ **Change to Dependent Age Coverage:**

Dependent Children to be covered to Age** ☐ 19 ☐ 21 ☐ 25 ☐ 26*** ☐ Other

Dependent Children who are full-time students covered to age**: ☐ 23 ☐ 25 ☐ 27 ☐ Other

***Unless state law has different requirements.*

****Dependent Children covered to age 26 regardless of financial dependency, residency, student status or marital status.*

☐ **New Rates, Benefits, Network or Plans:**

☐ A. New Rates Please refer to the attached proposal page.

☐ B. New Benefits Please refer to the attached proposal page.

☐ C. New Network Please refer to the attached proposal page.

☐ D. New Plan Please refer to the attached proposal page.

93-33441 #8495 0622

☐ **Change in Group Size (Florida, Michigan, Missouri, Washington policyholders only):**

Original Number of Eligible Employees/Members:_____ New Number of Eligible Employees/Members:_____

FIDELITY SECURITY LIFE INSURANCE COMPANY®



President Secretary

93-33441 #8495 0622

EyeMed VISION CARE

Underwritten by Fidelity Security Life Insurance Company

Policy No.

Nat

Application for Vision Care Benefits

I. EMPLOYER INFORMATION

Employer Name: QCR Holdings, Inc., Quad City Bank + Trust; Cedar Rapids Bank + Trust; Rockford Bank + Trust; Tax ID #: 36-4102874

DBA Name (if other than above): MB; and 1st Wisconsin Bank + Trust

Business Address: 4500 - North Brady St.

City: Davenport State: IA Zip: 52806

Mailing Address (if other than above):

City: State: Zip:

Principal Contact: Jill DeKeyser Title:

Phone: (309) 743-7708 Fax: (563) 388-4790 E-mail: jdekeyser@ecrh.com

Type of Business: ☐ Proprietorship ☒ Corporation ☐ Partnership ☐ Other (Specify):

PLEASE NOTE THE FOLLOWING TYPE BUSINESSES REQUIRE PRIOR CARRIER APPROVAL:
☐ MEWA ☐ PEO ☐ Trust ☐ Union

Service Area: ☒ National (US, does not include Puerto Rico) ☐ State Specific (list):

Billing Contact Name: Same as above Phone:

Billing Address:

City: State: Zip:

If you have subsidiaries, affiliated companies, or divisions who use another name and will be covered by this plan, AND require separate billing invoices, please attach the following information on a separate sheet of paper:
-Name, Address, Billing Contact and Phone Number

If any subsidiary or affiliated companies are to be insured or any Employees are working at a location other than the address above, please explain: Yes (See above)

Will this plan replace any existing coverage? ☒ Yes ☐ No

If "Yes," indicate name and address of existing insurer.

Name: VSP
Address: P.O. Box 997100
City: Sacramento, CA 95899-7100 State: Zip:

Effective date of existing coverage: 11/1/05 Termination date of existing coverage: Upon Eyemed approval

If "Yes," are any Employees on COBRA continuation? ☐ Yes ☒ No How many?

II. PLAN SELECTION

Please refer to the attached proposal page, signed by the client.
Services are provided by EyeMed Vision Care

III. PREMIUMS

Contribution towards premium ☒ Yes ☐ No

Employer's Premium Contribution for: Employees: 0 Dependents: 0

Employee's Premium Contribution for: Employees: 100% Dependents: 100%

Are Employee and Dependent premiums being paid through a Section 125 Plan? ☒ Yes ☐ No

Are Employee and Dependent premiums being collected by payroll deduction? ☒ Yes ☐ No

Premiums shall be at the rates set forth in the Schedule of Premiums, included on the attached proposal page.

IV. ELIGIBILITY INFORMATION

Number of Employees: 350 Number Applying: [redacted] Number Dependents: ____

Are Domestic Partners covered under this plan? ☒ Yes ☐ No

Eligibility Reporting Contact (produces the eligibility file): ____

Address (if different from group): ____

City: ____ State: ____ Zip: ____

Phone: ____ Fax: ____ Email: ____

Eligibility Authorization Contact (Benefits Administrator or Third Party Administrator responsible for verifying vision elections for members)

Name: ____ Phone: ____

Days/Hours of Availability: ____ E-mail: ____

PROBATIONARY PERIOD Eligible 1st of month following date of hire.

For New Employees: ☐ 30 days ☐ 60 days ☐ 90 days ☐ 180 days ☐ Other ____

Probationary Period is waived for present Employees: ☐ Yes ☒ No

Number of Employees who have not yet completed the probationary period: N/A

V. EFFECTIVE DATE

1. This plan will become effective at 12:01 a.m. Standard Time at the employer's address herein, on January 1, 2008 provided that all of the following have been completed prior to this effective date:
   A. This application has been received and accepted by the Company (must be submitted 30 days in advance of the effective date).
   B. EyeMed has been furnished a working file of all eligible members, according to the membership layout guidelines. It is understood and agreed that EyeMed may rely on this information to provide services to individuals designated as eligible.

2. This plan will be effective through 12/31, 2012 (____ months) and the premium is based on the information provided.

The Employer hereby makes application to Fidelity Security Life Insurance Company for Vision Care Benefits. The Employer agrees to maintain and furnish any records necessary to administer the plan, and to forward premiums monthly in advance.

The Employer certifies that all the information shown on this application and any attachments are correct and complete and understands that the Insurance Company intends to rely on this information in determining whether or not the enrolling Employees may become insured. It is further understood and agreed that NO INSURANCE WILL BECOME EFFECTIVE UNTIL APPROVED BY THE INSURANCE COMPANY; and that no field representative of the Insurance

Company has the authority to modify any conditions of application, or policies, by making any promise or representation. It is understood that the insurance as to any Employee will not become effective on the date insurance should otherwise become effective if he is not at work on such date performing all duties of his occupation and otherwise meets the requirements of the Insurance Company.

⊠ Signed for the Employer: _____

Title: VP Date: 11/5/07

VI MEMBER ID CARDS

Group will be receiving EyeMed ID cards: ☒ Yes ☐ No

Company Name as you want it to appear on the ID card. (Can only be 30 characters including punctuation, spacing & any code)

QCR Holdings, Inc.

All EyeMed ID cards are mailed directly to employees' home address

WRITING BROKER'S CERTIFYING STATEMENT

I certify that I have accurately recorded on this application the information supplied by the proposed policyholder(s).

Firm Name (print): Mutual Med, Inc Tax ID Number: 42-1275725

Broker Name (print): Todd Vershaw

Address: 4321 East 60th St.

City: Davenport State: Ia. Zip: 52807

Phone: 563-344-2890 Fax: 563-344-2891

Primary Contact: Steve Pray Secondary Contact: Tim Vershaw

Title: CEO Title: COO

Email: spray@mutualmedinc.com Email: tvershaw@mutualmedinc.com

⊠ Broker Signature: _____

WRITING GENERAL AGENT'S CERTIFYING STATEMENT

I certify that I have accurately recorded on this application the information supplied by the proposed policyholder(s).

Firm Name (print): Mutual Benefit Plus Tax ID Number: 36-4479463

General Agent Name (print): Louis Indovina

Address: 3601 Algonquin Rd Suite 776

City: Rolling Meadows State: IL Zip: 60008

Phone: 847 303 6777 Fax: 847 303 1325

Primary Contact: Louis Indovina Secondary Contact: Peter Indovina

Title: Partner Title: Partner

Email: ____ Email: ____

⊠ General Agent's Signature: _____

EyeMed VISION CARE

QCR HOLDINGS

Benefit presented is for 01/01/2008 effective date.

Member Copay:	
Exam	$10.00
Lens	$25.00
Frequency:	
Exam	Once per 12 mths
Frame	Once per 24 mths
Lenses or Contacts	Once per 12 mths
Monthly Fee:	
Subscriber Only	$6.52
Subscriber + Spouse	$12.40
Subscriber + Child(ren)	$13.04
Subscriber + Family	$19.16

6.52
12.40
13.04
19.16

Rate Contribution Level Definition:
Voluntary (Employer pays less than 25% of the cost of the program)

Rate Terms and Conditions:
Benefit presented has a 48-month policy term and rate guarantee.

Pricing includes broker commissions.
Pricing includes GA commissions.

Rates are valid based on group domiciled in the state of IA and group size of 10 - 500 eligible employees.

Fees quoted are valid until the stated effective date.

www.eyemedvisioncare.com

Select Exam & Materials - Medium Option
BENEFIT DESIGN SUMMARY

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

Vision Care Services	In-Network Member Cost	Out-of-Network Member Reimbursement
Exam with Dilation as Necessary:	$10 Copay	Up to $35
Contact Lens Fit and Follow-Up(Contact lens fit and two follow-up visits are available after comprehensive eye exam):		
Standard*	Up to $40	N/A
Premium**	10% off Retail	N/A
Frames(any available frame at provider location):	$0 Copay; $120 Allowance, 20% off balance over $120	$60
Standard Plastic Lenses:		
Single Vision	$25 Copay	Up to $25
Bifocal	$25 Copay	Up to $40
Trifocal	$25 Copay	Up to $55
Standard Progressives	$25, 20% off Retail Price less $55 Allowance	Same as Bifocal
Lens Options(paid by the member):		
UV Coating	20% off Retail Price	N/A
Tint (Solid and Gradient)	20% off Retail Price	N/A
Standard Scratch Resistance	20% off Retail Price	N/A
Standard Polycarbonate	20% off Retail Price	N/A
Standard Anti-Reflective Coating	20% off Retail Price	N/A
Other Add-Ons and Services	20% off Retail Price	N/A
Contact Lenses:(allowance includes materials only)		
Conventional	$135 allowance, 15% off balance over $135	$108
Disposable	$135 allowance, plus balance over $135	$108
Medically Necessary	$0 Copay, Paid-in-Full	$200

+ 65$

* Standard Contact Lens Fitting - spherical clear contact lenses in conventional wear and planned replacement (examples include but not limited to disposable, frequent replacement, etc.)
** Premium Contact Lens Fitting - all lens designs, materials and specialty fittings other than Standard Contact Lenses (examples include tints, multifocal, etc.)

Additional Value Added Savings
Members will receive a 20% discount on items not covered by the plan at network Providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed Provider's professional services, or contact lenses. Retail prices may vary by location.

Discounts do not apply for benefits provided by other group benefit plans. Allowances are one-time use benefits; no remaining balance. Lost or broken materials are not covered.

Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.

Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision. Since Lasik or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization please call 1-877-6LASERS.

After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com. The contact lens benefit allowance is not applicable to this service.

This plan design is offered with the EyeMed Select panel of providers. Minimum 10 enrolled employees required.

Underwriter
Insured plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-73 andVC-74, form number M-9050.

This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Plan Limitations / Exclusions:

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing
- Services provided as a result of any Workers Compensation law
- Aniseikonic lenses
- Services or materials provided by any other group benefit providing for vision care
- Certain frame brands in which the manufacturer imposes a no discount policy
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Two pair of glasses in lieu of bifocals
- Plano lenses and non-prescription sunglasses (except for 20% discount)
- Some provisions, benefits, exclusions or limitations listed herein may vary by State

If QCR HOLDINGS has chosen this benefit and agrees to the administrative services and rate elements outlined above, please sign below and return this sheet with your completed application to your EyeMed sales representative.

Signature