

**MINNESOTA LIFE INSURANCE COMPANY  
RATE CONFIRMATION**

1. Policyholder: Superior Court of California, County of San Bernardino
2. Policy Number(s): 33849-G, 33850-G
3. Insurance Product(s): Basic Term Life, Supplemental Term Life , Voluntary AD&D
4. The insurance rates included in this rate confirmation are net of commissions
5. The experience of insureds who port their coverage will not be included with active employee's experience.
6. Rate Guarantee Period: August 1, 2011 through July 31, 2014

Term Coverage:

Basic Life Insurance: \$.086 / \$1,000 / month

Optional Life Insurance (Grandfathered Employees): \$.086 / \$1,000 / month

Supplemental Life Insurance:


<u>Age</u>	<u>Rate / \$1,000 / month</u>
< 30	.046
30-34	.061
35-39	.068
40-44	.076
45-49	.114
50-54	.174
55-59	.326
60-64	.501
65-69	.963
70+	1.563

Voluntary AD&D:

Employee Only: \$.02 / \$1,000 / month

Employee & Family: \$.03 / \$1,000 / month


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By  Date August 9, 2011  
(Signature) Brian C. Anderson

Title Second Vice President, Group Case Underwriting

ACKNOWLEDGEMENT BY AUTHORIZED REPRESENTATIVE OF POLICYHOLDER

This document confirms that the rates stated above are the agreed upon rates for the specified policy numbers and will be charged for the specified rate guarantee period. Rates can be adjusted if there is a change in plan design or in the definition of an eligible insured.

By  Date 6/17/2011  
(Signature)

Title Court Executive Officer