

RATE CONFIRMATION

1. Policyholder: Superior Court of California, County of San Bernardino
2. Policy Number(s): 33849-G, 33850-G, and 55056-G
3. Insurance Product(s): Basic Term Life, Supplemental Term Life, Dependent Term Life, and Voluntary AD&D
4. The insurance rates included in this rate confirmation are net of commissions.
5. Rate Coverage Period: January 1, 2018 – December 31, 2019

Premium Rates:

Basic Life: \$0.076 / \$1,000 / month

Employee Supplemental Life:

<u>Age</u>	<u>Rate / \$1,000 / Month</u>
Under 25	\$ 0.046
25-29	\$ 0.046
30-34	\$ 0.061
35-39	\$ 0.068
40-44	\$ 0.076
45-49	\$ 0.114
50-54	\$ 0.174
55-59	\$ 0.326
60-64	\$ 0.501
65-69	\$ 0.963
70 & Over	\$ 1.563

Spouse Life:

<u>Age</u>	<u>Rate / \$1,000 / Month</u>
Under 25	\$ 0.082
25-29	\$ 0.099
30-34	\$ 0.131
35-39	\$ 0.148
40-44	\$ 0.164
45-49	\$ 0.246
50-54	\$ 0.378
55-59	\$ 0.706
60-64	\$ 1.084
65-69	\$ 2.087
70 & Over	\$ 3.385

Child Life: \$0.200 / \$1,000 / month

Voluntary AD&D - Employee: \$0.020 / \$1,000 / month

Voluntary AD&D – Employee & Family: \$0.030 / \$1,000 / month

Variable Group Universal Life:

Attained Age	Monthly /\$1,000	Attained Age	Monthly /\$1,000
20	0.064	60	0.655
21	0.064	61	0.729
22	0.064	62	0.803
23	0.064	63	0.876
24	0.064	64	0.950
25	0.064	65	1.035
26	0.085	66	1.119
27	0.085	67	1.214
28	0.085	68	1.320
29	0.085	69	1.468
30	0.085	70	1.700
31	0.085	71	2.016
32	0.085	72	2.481
33	0.085	73	2.935
34	0.085	74	3.388
35	0.095	75	3.832
36	0.095	76	4.275
37	0.095	77	4.708
38	0.106	78	5.193
39	0.117	79	5.826
40	0.127	80	6.660
41	0.127	81	7.705
42	0.127	82	8.760
43	0.138	83	9.668
44	0.148	84	10.576
45	0.148	85	11.473
46	0.159	86	12.380
47	0.169	87	13.288
48	0.180	88	14.270
49	0.201	89	15.314
50	0.212	90	16.845
51	0.233	91	18.533
52	0.254	92	20.380
53	0.296	93	22.417
54	0.338	94	24.665
55	0.391		
56	0.465		
57	0.507		
58	0.581		
59	0.655		

MINNESOTA LIFE INSURANCE COMPANY

By *Susan Munson-Regala*
Susan Munson-Regala

Date 9/15/2017

Title 2nd VP & Actuary - Group Insurance

VGNL rates

TABLE A
MINNESOTA LIFE INSURANCE COMPANY

**Guaranteed Maximum Monthly Cost of Insurance Rate
On a Smoker Distinct Basis
Per \$1,000 Net Amount at Risk**

<u>Attained Age*</u>	<u>Maximum Monthly Rate</u>		<u>Attained Age*</u>	<u>Maximum Monthly Rate</u>		<u>Attained Age*</u>	<u>Maximum Monthly Rate</u>	
	<u>Non-Smokers</u>	<u>Smokers</u>		<u>Non-Smokers</u>	<u>Smokers</u>		<u>Non-Smokers</u>	<u>Smokers</u>
0	0.254	0.254	35	0.174	0.265	70	3.427	5.191
1	0.102	0.102	36	0.184	0.285	71	3.797	5.648
2	0.098	0.098	37	0.197	0.310	72	4.230	6.171
3	0.096	0.096	38	0.210	0.338	73	4.724	6.757
4	0.093	0.093	39	0.225	0.369	74	5.273	7.405
5	0.088	0.088	40	0.243	0.406	75	5.864	8.100
6	0.084	0.084	41	0.261	0.445	76	6.491	8.815
7	0.079	0.079	42	0.281	0.488	77	7.149	9.540
8	0.077	0.077	43	0.302	0.534	78	7.845	10.278
9	0.076	0.076	44	0.324	0.584	79	8.600	11.058
10	0.076	0.076	45	0.350	0.636	80	9.439	11.904
11	0.082	0.082	46	0.377	0.691	81	10.384	12.841
12	0.091	0.091	47	0.407	0.749	82	11.456	13.886
13	0.104	0.104	48	0.439	0.813	83	12.649	15.034
14	0.118	0.118	49	0.474	0.882	84	13.943	16.241
15	0.129	0.163	50	0.514	0.958	85	15.311	17.473
16	0.139	0.179	51	0.559	1.043	86	16.737	18.705
17	0.147	0.192	52	0.611	1.140	87	18.205	19.973
18	0.152	0.202	53	0.671	1.249	88	19.710	21.295
19	0.156	0.208	54	0.736	1.367	89	21.271	22.625
20	0.158	0.212	55	0.808	1.492	90	22.908	24.006
21	0.157	0.212	56	0.885	1.624	91	24.659	25.457
22	0.154	0.210	57	0.967	1.760	92	26.588	27.118
23	0.152	0.208	58	1.056	1.903	93	28.870	29.192
24	0.149	0.204	59	1.158	2.056	94	31.894	32.006
25	0.146	0.199	60	1.268	2.228			
26	0.144	0.197	61	1.395	2.424			
27	0.143	0.197	62	1.544	2.650			
28	0.143	0.198	63	1.714	2.904			
29	0.144	0.202	64	1.903	3.184			
30	0.146	0.208	65	2.110	3.480			
31	0.149	0.215	66	2.332	3.788			
32	0.153	0.223	67	2.588	4.104			
33	0.159	0.235	68	2.823	4.434			
34	0.166	0.249	69	3.105	4.792			

*This is the insured employee's attained age as of his or her last certificate anniversary.

TABLE A

MINNESOTA LIFE INSURANCE COMPANY

**Guaranteed Maximum Monthly Cost of Insurance Rate
On a Uni-Smoker Basis
Per \$1,000 Net Amount at Risk**

<u>Attained Age*</u>	<u>Maximum Monthly Rate</u>	<u>Attained Age*</u>	<u>Maximum Monthly Rate</u>	<u>Attained Age*</u>	<u>Maximum Monthly Rate</u>
	<u>Uni-Smokers</u>		<u>Uni-Smokers</u>		<u>Uni-Smokers</u>
0	0.254	35	0.214	70	3.835
1	0.102	36	0.229	71	4.214
2	0.098	37	0.246	72	4.654
3	0.096	38	0.265	73	5.157
4	0.093	39	0.287	74	5.712
5	0.088	40	0.312	75	6.310
6	0.084	41	0.339	76	6.941
7	0.079	42	0.368	77	7.599
8	0.077	43	0.398	78	8.289
9	0.076	44	0.431	79	9.033
10	0.076	45	0.465	80	9.857
11	0.082	46	0.502	81	10.784
12	0.091	47	0.541	82	11.835
13	0.104	48	0.583	83	13.006
14	0.118	49	0.629	84	14.270
15	0.134	50	0.681	85	15.605
16	0.148	51	0.739	86	16.991
17	0.159	52	0.805	87	18.421
18	0.168	53	0.879	88	19.895
19	0.174	54	0.960	89	21.422
20	0.176	55	1.047	90	23.024
21	0.177	56	1.138	91	24.740
22	0.176	57	1.234	92	26.640
23	0.173	58	1.334	93	28.901
24	0.171	59	1.444	94	31.905
25	0.167	60	1.568		
26	0.166	61	1.709		
27	0.166	62	1.871		
28	0.166	63	2.055		
29	0.169	64	2.259		
30	0.172	65	2.478		
31	0.178	66	2.711		
32	0.184	67	2.956		
33	0.193	68	3.217		
34	0.202	69	3.507		

*This is the insured employee's attained age as of his or her last certificate anniversary.