LIFE INSURANCE COMPANY OF NORTH AMERICA (herein called the Company)

Amendment to be attached to and made a part of the Group Policy
A Contract between the Company and

Williamson County (herein called the Policyholder)

Policy No.: FLX - 963634

PLEASE READ

IMPORTANT: The attached amendment to your policy has been made at your request, and will be effective on the date shown within the amendment. Please review this amendment immediately and confirm that it accurately reflects your request and is consistent with your intentions. If amended certificates have been provided, please review these as well. If there are any errors or discrepancies, please notify your account manager or account service representative immediately. If you have not notified your account manager or account service representative of any errors or concerns, continued payment of premium more than 31 days after delivery of this amendment will be deemed acceptance of this amendment.

LIFE INSURANCE COMPANY OF NORTH AMERICA (herein called the Company)

Amendment to be attached to and made a part of the Group Policy A Contract between the Company and

Williamson County (herein called the Policyholder)

Policy No.: FLX - 963634

This Amendment will be in effect on the Effective Date shown below only for insured Employees in Active Service on that date. If an Employee is not in Active Service on the date his insurance would otherwise become effective, it will be effective on the date he returns to Active Service.

The Company and the Policyholder hereby agree that the Policy is amended as follows:

1. Effective November 1, 2014, the rates shown on the attached Schedule of Rates will remain in force for coverage under the Policy.

No change in rates will be made until 14 months after the effective date of this Amendment. However, the Company reserves the right to change the rates at any time during a period for which the rates are guaranteed if the conditions described in the Changes in Premium Rates provision under the Administrative Provisions section of the Policy apply.

2. Effective March 1, 2015, the Anniversary Date is changed to:

January 1

Except for the above, this Amendment does not change the Policy in any way.

FOR THE COMPANY

Matthew G. Manders, President

Motte G. Monder

Date: April 17, 2015

Amendment No. 01

TL-004780

SCHEDULE OF RATES

The following monthly rates apply to all Classes of Eligible Persons unless otherwise indicated.

FOR EMPLOYEE BENEFITS

Basic Life Insurance \$.075 Per \$1,000

Voluntary Life Insurance

Monthly Rates are based on units of \$1,000

Under Age 20	\$.056	Age 60 - 64	\$.569
Age 20 - 24	\$.056	Age 65 - 69	\$.967
Age 25 – 29	\$.056	Age 70 - 74	\$1.718
Age 30 - 34	\$.056	Age 75 - 79	\$6.516
Age 35 - 39	\$.078	Age 80 - 84	\$6.516
Age 40 - 44	\$.121	Age 85 - 89	\$6.516
Age 45 - 49	\$.188	Age 90 - 94	\$6.516
Age 50 - 54	\$.294	Age 95 and over	\$6.516
Age 55 - 59	\$.512		

A change in rates due to a change in the Employee's age will become effective on the Policy Anniversary Date coinciding with or following the Employee's birthday.

FOR SPOUSE BENEFITS

Voluntary Life Insurance

Monthly Rates are based on units of \$1,000.

Under Age 20	\$.056	Age 45 - 49	\$.188
Age 20 - 24	\$.056	Age 50 - 54	\$.294
Age $25 - 29$	\$.056	Age 55 - 59	\$.512
Age $30 - 34$	\$.056	Age 60 - 64	\$.569
Age 35 – 39	\$.078	Age 65 - 69	\$.967
Age 40 – 44	\$.121	-	

Spouse rates are based on the spouse's date of birth. A change in rates due to a change in the Spouse's age will become effective on the Policy Anniversary Date coinciding with or following the Spouse's birthday.

FOR DEPENDENT CHILD BENEFITS

Voluntary Life Insurance \$.054 Per \$1,000

FOR SPOUSE AND DEPENDENT CHILD BENEFITS

Basic Life Insurance \$.54 Per Family Unit

FOR FORMER EMPLOYEE BENEFITS

Monthly Rates are based on units of \$1,000.

Under Age 20	\$.153	Age 45 - 49	\$.384
Age 20 - 24	\$.144	Age 50 - 54	\$.726
Age 25 - 29	\$.153	Age 55 - 59	\$1.347
Age 30 - 34	\$.177	Age 60 - 64	\$2.461
Age 35 - 39	\$.19	Age 65 - 69	\$4.065
Age 40 - 44	\$.243	-	

A change in rates due to a change in the Former Employee's age will become effective on the Policy Anniversary Date coinciding with or following the Former Employee's birthday.

FOR FORMER SPOUSES OR SPOUSES OF FORMER EMPLOYEE BENEFITS

Monthly Rates are based on units of \$1,000.

Under Age 20	\$.153	Age 45 - 49	\$.384
Age 20 - 24	\$.144	Age 50 - 54	\$.726
Age 25 - 29	\$.153	Age 55 - 59	\$1.347
Age 30 - 34	\$.177	Age 60 - 64	\$2.461
Age 35 - 39	\$.19	Age 65 - 69	\$4.065
Age 40 - 44	\$.243	_	

Spouse rates are based on the spouse's date of birth. A change in rates due to a change in the Spouse's age will become effective on the Policy Anniversary Date coinciding with or following the Spouse's birthday.

FOR FORMER DEPENDENT CHILD BENEFITS

Rates are based on \$25,000 per Month.

Under Age 20	\$2.377	Age 45 - 49	\$9.777
Age 20 - 24	\$2.777	Age 50 - 54	\$16.377
Age 25 - 29	\$2.977	Age 55 - 59	\$23.477
Age 30 - 34	\$3.600	Age 60 - 64	\$38.250
Age 35 - 39	\$4.177	Age 65 - 69	\$54.077
Age 40 - 44	\$6.200		

Rates are based on \$50,000 per Month

Under Age 20	\$4.750	Age 45 - 49	\$19.550
Age 20 - 24	\$5.550	Age 50 - 54	\$32.750
Age 25 - 29	\$5.950	Age 55 - 59	\$46.950
Age 30 - 34	\$7.200	Age 60 - 64	\$76.500
Age 35 - 39	\$8.350	Age 65 - 69	\$108.150
Age 40 - 44	\$12.400	_	

A change in rates due to a change in the Former Dependent Child's age will become effective on the Policy Anniversary Date coinciding with or following the Former Dependent Child's birthday.

TL-004718