


Group Term Life Policy Amendment #7

Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

To be attached to and made a part of Group Policy No. 34175-G issued by Minnesota Life Insurance Company to State of Tennessee. This amendment is effective as of August 11, 2016. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

Per the policyholder's request, optional insurance is called voluntary insurance. Wherever optional insurance appears in the policy, shall be changed to voluntary insurance.

Agreed to by Minnesota Life Insurance Company this 10th day of November, 2016.

By  _____ LL
Vice President and Actuary

Group Term Life Policy Amendment #6

Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

To be attached to and made a part of Group Policy No. 34175-G issued by Minnesota Life Insurance Company to State of Tennessee. This amendment is effective as of the dates indicated below. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.


Effective January 1, 2016

Coverage for all employees currently terminates the "end of the month following the month of the employee's termination from active employment." Effective January 1, 2016 coverage for **Central State Government employees only** will now terminate the "end of the month of the employee's termination from active employment."

As a result:

No changes are needed to the Certificate of insurance and there are no changes to the Certificate of Insurance Schedule.

Agreed to by Minnesota Life Insurance Company this 23th day of March, 2016.

By  _____ LNO
Second Vice President

Certificates of Insurance Schedule

Effective July 1, 2015

The following Certificate of Insurance and Certificate Endorsements (if any) are attached to and made a part of this policy:

| <u>Certificate Title</u> | <u>Certificate Form Number</u> | <u>Applies To</u> |
|--|--------------------------------|---------------------------------------|
| State of Tennessee Optional Group Term Life Insurance Plan Effective July 1, 2015 | 12-31464 EdF78747, et al | All Eligible Employees and Dependents |

Group Term Life Policy Amendment #5

Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

To be attached to and made a part of Group Policy No. 34175-G issued by Minnesota Life Insurance Company to State of Tennessee. This amendment is effective as of the dates indicated below. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

Effective July 1, 2015

1. Clerical corrections are being made to the policy to remove the word “transfer” from the “When does insurance become effective?” section of the Group Term Life Certificate of Insurance.
2. The definition of “eligible employee” is being modified to only include seasonal or part-time employees who are hired prior to July 1, 2015 and to align the definition of eligible employees across Minnesota Life policies.

As a result, the “eligible employee” definition of the Group Term Life Insurance Certificate has been modified to read as follows:

eligible employee

A person who is either:

- (1) a regular full-time employee of the employer and is scheduled to work at least 30 hours per week; or
- (2) a seasonal or part-time employee hired prior to July 1, 2015 with 24 months of prior service and certified by an appointing authority of the employer to work at least 1,450 hours per fiscal year; or
- (3) is deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.

If you are an eligible employee married to another eligible employee, then you cannot be insured as a spouse under the group policy. You can only obtain coverage as an employee.

3. Effective June 26, 2015, the definition of “eligible spouse” is being modified to read as follows:

eligible spouse


The employee’s legal spouse who is not legally divorced from the employee and who is not eligible under the certificate as an eligible employee. An employee may enroll his or her spouse for spouse life insurance even if the employee is not enrolled in employee life insurance.

Effective January 1, 2013

4. A clerical correction is being made to the group policy form series due to a typographical error. The group policy form number 07-30978 is replaced with the policy form number 12-31463.

As a result, a new certificate of insurance has been created and is attached to the policy, replacing in its entirety the prior certificate of insurance effective October 1, 2014, with a new certificate of insurance effective July 1, 2015.

Agreed to by Minnesota Life Insurance Company this 18th day of August, 2015.

By 

Second Vice President LNO

Certificates of Insurance Schedule

Effective July 1, 2015

The following Certificate of Insurance and Certificate Endorsements (if any) are attached to and made a part of this policy:

| <u>Certificate Title</u> | <u>Certificate Form Number</u> | <u>Applies To</u> |
|--|--------------------------------|---------------------------------------|
| State of Tennessee Optional Group Term Life Insurance Plan Effective July 1, 2015 | 12-31464 EdF78747, et al | All Eligible Employees and Dependents |

Group Term Life Policy Amendment #4

Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

To be attached to and made a part of Group Policy No. 34175-G issued by Minnesota Life Insurance Company to State of Tennessee. This amendment is effective as of October 1, 2014. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

1. **The enrollment period is changing from 30 days to 31 days.**
2. **The insured's children will be eligible from live birth. The definition of child has also been modified to align with the definition of child in the Basic Term Life and Basic Accidental Death & Dismemberment Insurance Policies.**

As a result, the "What members of your family are eligible for insurance under this supplement?" question of the General Information section of the Child Term Life Insurance Certificate Supplement has been modified to read as follows:

What members of your family are eligible for insurance under this supplement?

The following members of your family are eligible for insurance under this supplement:


- (1) your natural (biological) children, stepchildren, adopted (including a child placed for adoption in anticipation of adoption) children, children for whom you are the legal guardian and children for whom the plan has received a qualified medical child support order requiring the child to be enrolled in a health insurance plan pursuant to the State and Federal statutes. Children are eligible from live birth (stillborn or unborn children are not eligible) to the attainment of age 26. A child age 26 or older who is mentally and/or physically disabled and incapable of earning a living may have coverage continued as long as the incapacity existed before his or her 26th birthday and the child was already insured under this plan on his or her 26th birthday.

If both parents of a child qualify as eligible employees under the group policy, the child shall be considered a dependent of only one parent for purposes of this supplement. If any child qualifies as an eligible employee under the group policy, he or she is not eligible to be insured as a dependent child. A child is not eligible if in the armed forces on a full-time basis.

Any dependent child who, subsequent to the effective date of your child life insurance, meets the requirements of this provision will become insured on the date he or she so qualifies.

Also as a result, a new certificate of insurance has been created and is attached to the policy, replacing the prior certificate of insurance, and the Certificates of Insurance Schedule page of the policy is replaced with the attached Certificates of Insurance Schedule with an effective date of October 1, 2014.

Agreed to by Minnesota Life Insurance Company this 8th day of May 2015.

By  _____ LNO
Second Vice President

Certificates of Insurance Schedule

Effective October 1, 2014

The following Certificate of Insurance and Certificate Endorsements (if any) are attached to and made a part of this policy:

| <u>Certificate Title</u> | <u>Certificate Form Number</u> | <u>Applies To</u> |
|---|--------------------------------|---------------------------------------|
| State of Tennessee Optional Group Term Life Insurance Plan Effective October 1, 2014 | 12-31464 EdF78747, et al | All Eligible Employees and Dependents |

Group Term Life Policy Amendment #3

Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

To be attached to and made a part of Group Policy No. 34175-G issued by Minnesota Life Insurance Company to State of Tennessee. This amendment is effective as of January 1, 2013. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

The Certificate of Insurance has been modified to match plan administration and to clarify when evidence of insurability is required for family status changes and /or special qualified events.

As a result, the "When will we require evidence of insurability?" question of the Enrollment section has been modified to read as follows:

When will we require evidence of insurability?

Evidence of insurability will be required of an employee or a spouse if:

- (1) the insurance amount requested exceeds the guaranteed issue amount; or
- (2) you first apply for coverage on you or your spouse more than 30 days after first becoming eligible for it; or
- (3) you apply for or request an increase in employee coverage due to a family status change or special qualified event; or
- (4) you request an increase in your spouse coverage; or
- (5) you request to increase your employee insurance amount by more than \$5,000 at annual enrollment (the amount above \$5,000 will require evidence of insurability); or
- (6) for any spouse amount, if the spouse was hospitalized, advised to seek medical treatment, or received disability benefits during the six months immediately prior to the date of application.

A new certificate of insurance has been created and is attached to the policy, replacing the prior certificate of insurance, and the Certificates of Insurance Schedule page of the policy is replaced with the attached Certificates of Insurance Schedule with a revision date of June 19, 2013.

Agreed to by Minnesota Life Insurance Company this 19th day of June 2013.

By  _____ LNO
Assistant Secretary

Certificates of Insurance Schedule

Revised June 19, 2013

The following Certificate of Insurance and Certificate Endorsements (if any) are attached to and made a part of this policy:

| <u>Certificate Title</u> | <u>Certificate Form Number</u> | <u>Applies To</u> |
|---|--------------------------------|---------------------------------------|
| State of Tennessee Optional Group Term Life Insurance Plan Rev 6-2013 | 12-31464 EdF78747, et al | All Eligible Employees and Dependents |

Group Term Life Policy Amendment #2

Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

To be attached to and made a part of Group Policy No. 34175-G issued by Minnesota Life Insurance Company to State of Tennessee. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

During the policyholder's one-time Spring 2013 open enrollment the following election changes can be made on a guarantee issue basis:

- An employee may elect or increase coverage provided the resulting amount of insurance does not exceed the lesser of five times your annual base salary or \$500,000.
- An employee may elect or increase his or her spouse life insurance provided the resulting amount of spouse insurance does not exceed \$30,000 for a spouse less than age 55 and \$15,000 for a spouse age 55 or older.
- An employee may elect a child life amount of \$5,000 or \$10,000.

During the policyholder's one-time Spring 2013 open enrollment evidence of insurability will be required of an employee or a spouse if:

- (1) the insurance amount requested exceeds the guaranteed issue amount; or
- (2) for any spouse amount, if the spouse was hospitalized, advised to seek medical treatment, or received disability benefits during the six months immediately prior to the date of application; or
- (3) the employee or spouse has previously been declined for coverage under this policy by Minnesota Life.

This amendment and coverage will be effective on July 1, 2013 following the one-time open enrollment and subject to the actively at work requirement and spouse normal activities requirements.

Agreed to by Minnesota Life Insurance Company this 13th day of March 2013.

By Thomas J. J. J. LNO
Assistant Secretary

Group Term Life Policy Amendment #1

Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

To be attached to and made a part of Group Policy No. 34175-G issued by Minnesota Life Insurance Company to State of Tennessee. This amendment is effective as of January 1, 2013. Continued payment of premiums shall constitute acceptance of the conditions stated in this amendment.

The date coverage ends for an insured who continues his or her coverage on a direct pay basis has been modified from the last day of the month in which the insured turns 70, to the last day of the year in which the insured turns 70.

As a result, a new certificate of insurance has been created and is attached to the policy, replacing the prior certificate of insurance, and the Certificates of Insurance Schedule page of the policy is replaced with the attached Certificates of Insurance Schedule with a revision date of February 27, 2013.

Agreed to by Minnesota Life Insurance Company this 27th day of February 2013.

By Thomas J. J. J. LNO
Assistant Secretary

Certificates of Insurance Schedule

Revised February 27, 2013

The following Certificate of Insurance and Certificate Endorsements (if any) are attached to and made a part of this policy:

| <u>Certificate Title</u> | <u>Certificate Form Number</u> | <u>Applies To</u> |
|---|--------------------------------|---------------------------------------|
| State of Tennessee Optional Group Term Life Insurance Plan Rev 2-2013 | 12-31464 EdF78747, et al | All Eligible Employees and Dependents |

Group Term Life Insurance Policy


Minnesota Life Insurance Company, a Securian Financial Group affiliate
400 Robert Street North • St. Paul, Minnesota 55101-2098

POLICYHOLDER: State of Tennessee
POLICY NUMBER: 34175-G
POLICY EFFECTIVE DATE: January 1, 2013
POLICY ANNIVERSARY DATE: January 1 of each year beginning January 1, 2014
PREMIUM DUE DATE(S): The first day of each month

Read Your Policy Carefully

This policy was issued to the policyholder on the effective date shown above. We promise to pay the benefits provided by this policy, subject to its conditions, limitations, and exceptions. We make this promise and issue this policy in consideration of the application for this policy and the payment of the premiums.

Minnesota Life Insurance Company is a subsidiary of Minnesota Mutual Companies, Inc., a mutual insurance holding company. The policyholder is a member of Minnesota Mutual Companies, Inc., which holds its annual meetings on the first Tuesday in March of each year at 3 p.m. local time. The meetings are held at 400 Robert Street North, St. Paul, Minnesota 55101-2098.



Secretary



President

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GROUP TERM LIFE INSURANCE POLICY • NONPARTICIPATING • PREMIUMS ARE SUBJECT TO CHANGE

Certificates of Insurance Schedule

The following Certificate of Insurance and Certificate Endorsements (if any) are attached to and made a part of this policy:

| <u>Certificate Title</u> | <u>Certificate Form Number</u> | <u>Applies To</u> |
|--|--------------------------------|---------------------------------------|
| State of Tennessee Optional Group Term Life Insurance Plan | 12-31464, et al | All Eligible Employees and Dependents |

Definitions

associated employer

Any employer which is designated by you and agreed to by us to participate under the group policy. You represent any associated employer in all transactions pertaining to this policy. Your acts or omissions and every notice given by us to you shall be binding on every associated employer.

Contract Edison Registration ID # 157401

The contract between The State of Tennessee, State Insurance Committee and Minnesota Life Insurance Company, as subsequently amended and, if applicable, as subsequently extended or reissued.

policyholder, you, your

State of Tennessee.

we, our, us

Minnesota Life Insurance Company.

General Information

What is your agreement with us?

Contract Edison Registration ID # 157401, this policy and your application contain the entire contract between you and us. Any statements you make will, in the absence of fraud, be considered representations and not warranties. Also, any statement that you make will not be used to void this policy, nor will it be used in our defense if we refuse to pay a claim, unless the statement is contained in your application.

No change or waiver of any provisions of this policy, or any certificate issued under it, will be valid unless made in writing by us and signed by our president, a vice-president, our secretary, or an assistant secretary. No agent or other person has the authority to change or waive any provisions of this policy, or of any certificate issued under it.

Can this policy be amended?

Yes. The insured's consent is not required to amend this policy or any certificates issued under it. Any amendment will be without prejudice to any claim for benefits incurred prior to the effective date of the amendment.

Premiums

When and how often are premiums due?

Unless we have agreed to some other premium payment procedure, premiums for this policy are paid to you by the employee and then remitted to us monthly. Premiums for former employees who have elected to continue their coverage under the policy will be paid directly by the former employee to us. Premiums are due on the premium due date shown on the first page of this policy.

We apply premiums consecutively to keep the insurance in force.

How is the premium determined?

The premium will be the premium rate multiplied by the number of \$1,000 units of insurance in force on the date premiums are due. The premium may also be computed by any other method on which you and we agree.

Premium rates may be changed in accordance with Contract Edison Registration ID # 157401.

Can a premium be paid after the date it is due?

Yes. This policy has a 31-day grace period. If a premium is not paid on or before the date it is due, that premium may be paid during the 31-day period following the due date. The insurance under this policy will remain in effect during the 31-day grace period.

Can the premium be adjusted?

Yes. The premium will be adjusted on each due date for insurance which was effective or terminated before the most recent due date, but not reflected in prior premium payments. We will charge the insured for any additional premium, and will refund any overpayment.

Termination

When does this group policy terminate?

Termination of this policy shall be in accordance with Contract Edison Registration ID # 157401.

Additional Information

Are you required to maintain records?

Yes. You are required to maintain adequate records of any information necessary for us to administer this policy. We can have access to the records at any reasonable time agreed upon by the policyholder and us.

If a clerical error is made in keeping records on the insurance under the group policy, it will not affect otherwise valid insurance. A clerical error does not continue insurance which is otherwise stopped, make insurance effective when it should not have been or change the amount of insurance provided by the provisions of the policy. If an error causes a change in premium payment, a fair adjustment will be made.

Will a certificate of insurance be provided for each insured?

Yes. We will provide you with a certificate of insurance for delivery to each insured, or when agreed upon by you and us, we will deliver a certificate of insurance to each insured. The certificate will include information regarding the principal provisions of his or her coverage.

Are you our agent?

No. For all purposes of this policy, neither you, an associated company, nor any administrator you appoint is our agent. We will not be liable for any of your acts or omissions or those of an associated company or administrator.

Will the provisions of this policy conform with state law?

Yes. If any provision in this policy, or in the certificates issued under this policy, is in conflict with the laws of the state governing the policy or the certificates, the provision will be deemed to be amended to conform to such laws.

400 Robert Street North • St. Paul, Minnesota 55101-2098

GROUP TERM LIFE INSURANCE POLICY • NONPARTICIPATING • PREMIUMS ARE SUBJECT TO CHANGE