

**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

Policyholder: Trustee of the Group Insurance Trust for Employers in the Services Industry  
Participating Subscriber: Endeavor Parent, LLC  
(herein called the Subscriber)

Policy No.: FLX - 967297

**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.

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This Amendment will be in effect on the Effective Date(s) 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 Subscriber hereby agree that the Policy is amended as follows:

Effective September 1, 2024, the Basic Benefit under the Schedule of Benefits **for** Classes 1, 2, 3 and 4 is deleted in its entirety and is replaced by the following:

Basic Benefit:	1 times Annual Compensation
Guaranteed Issue Amount:	1 times Annual Compensation or \$1,000,000
Maximum Benefit:	1 times Annual Compensation or \$1,000,000

The Benefit Amount, Guaranteed Issue Amount and Maximum Benefit will be rounded to the next higher \$1,000, if not already a multiple thereof.

Basic Terminal Illness Benefit	The insured can elect up to 50% of Basic Life Insurance Benefits in force on the date the Insured is determined by the Insurance Company to be Terminally Ill, subject to a Maximum Benefit of \$500,000.
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Except for the above, this Amendment does not change the Policy in any way.

FOR THE COMPANY



Scott Berlin, President

Date: August 28, 2024

Amendment No. 21

TL-004780