GUARANTEE TRUST LIFE INSURANCE COMPANY

HEALTH

GENERAL AGENT COMMISSION SCHEDULE January 1, 2024

This Commission Schedule will be applicable as of the effective date of your General Agent's Agreement or the date above, whichever is later, and shall continue to be applicable until the effective date of a subsequent schedule issued by Guarantee Trust Life Insurance Company.

ADVANTAGE PLUS AND ADVANTAGE PLUS ELITE*	1st YEAR	2-10 YEARS	11+ (Service Fee)	Replacement of Skilled Nursing Facility Rider**
50% LOSS RATIO STATES AL*, AR*, CT*, CO, DE, GA*, HI*, ID, IL*, IA*, KS*, LA*, ME, MD*, MS*, MO*, MT*, NE*, NV* NC*, OH*, OK*, OR, PA*, RI*, SC*, TN*, TX*, UT*, WV*, WI*, WY*	* , 65%	10%	5%	45%
Dental/Vision Policy CT, KS	60%	10%	5%	
55% LOSS RATIO STATES AZ*, IN, KY*, MA, MI*, ND*, VA*	55%	10%	5%	35%
60% LOSS RATIO STATES SD*, WA	55%	6%	2%	35%
65% LOSS RATIO STATES NJ	55%	8%	4%	35%
MN*	57.5%	8%	8%	37.5%
INDEMNITY PLUS ELITE FLORIDA* SBSA Association Fee is non-comm	65% nissionable.	10%	6%	

^{*}Advantage/Indemnity Plus ELITE states: Policy fees, if applicable, will be paid commissions for the first year based on the schedule above. Advantage/Indemnity Plus Elite product states replace any prior Advantage/Indemnity Plus product versions.

Service fees not vested pursuant to General Agent's Agreement.

Commission will be payable as earned on initial premium, or current premium, if lower than initial premium, for each policy. No commission will be payable on any policy fees or on any other non-commissionable fees, or on increases of premium or conversions.

Gross commission schedule will be reduced by the amount payable to any representative assigned to you.

Per section VI, commission will not be paid after termination unless the total commission payable for the preceding year exceeds \$1,000.

^{**}Replacement of Skilled Nursing Facility Rider will be paid at a reduced rate for first year only (noted above). Replacement of the Ambulance Rider will be paid at renewal commissions only.