Accendo Insurance Company (ACC)

American Continental Insurance Company (ACI)

Aetna Health Insurance Company (AHIC)

Aetna Health and Life Insurance Company (AHLIC)

Aetna Life Insurance Company (ALIC)

Continental Life Insurance Company of Brentwood, Tennessee (CLI)

General Agent (GA)

Schedule of Commissions Effective March 15, 2023

This Schedule of Commissions ("Schedule") becomes a part of the Contract between you and one or more of the above-named Companies ("the Company") and is subject to all its provisions. You must be properly licensed and appointed (in the policy issue state) at the time of the policy sale to receive commissions for such sale. Commissions under this Schedule shall be vested in accordance with the terms of your Contract. Commissions will be calculated using the percentage rate shown in the schedule below, multiplied by the issued premium amount. Commissions are based on the policyholder's age on the policy effective date; except for an Open Enrollment Medicare Supplement policy issued to a Medicare beneficiary turning age 65 after the policy effective date will use the age 65 rate. You confirm that the first lien previously agreed to and granted by you to the Company applies to this schedule on all compensation payable to you as security for the payment of any debts due or to become due to Company from you and the hierarchy recruited by or assigned to you. Commissions are reduced by any commissions due a sub-producing General Agent, Agent, or by any debt owed the Company or its affiliates.

All commissions payable are subject to adjustment due to limitations and/or restrictions imposed by any applicable laws or regulations. Unless stated otherwise, commissions are not paid on premium rate increases, policy or application fees, if any, or on premiums associated with the Medicare Part B deductible on any Medicare Supplement plan issued by the Company. There will be a 100% chargeback if a policy is rescinded and premiums returned. If a policy is changed for any reason (such as, but not limited to, a change in benefits or coverage to include policy riders, or in the number of covered lives) which results in a change in premiums, commissions will be adjusted based on the amount of the resulting premium and will be paid based on the duration period of the existing policy. Commissions on internal replacements, conversions, or exchanges of an existing policy to a similar policy or coverage type, offered by the Company, or its affiliates, or a Genworth Financial affiliated Company (when such plans are administered by an Aetna affiliated company) are subject to the Company's replacement rules.

This Schedule will apply to qualifying applications dated on or after the Effective Date shown below. In consideration of receiving the GA override you agree to produce no less than one hundred fifty thousand dollars of new annualized premium each twelve-month period starting on <u>July 22, 2019</u>. Failure to maintain this level of production will result in the loss of your GA override commission. The Company has the unilateral right to amend this Schedule upon notification of the amendment and its effective date. At the Company's discretion, it may provide notice of such amendment through mail, email, posting to the Company website or such other reasonable means of communication. No such amendment shall affect commissions on applications taken prior to the effective date of such amendment unless required by law.

If no Effective Date is shown, the Effective Date will be the same as the date shown on the same Schedule on file in the Home Office.

Individual Medicare Supplement

Indiv	ridual Medicare Suppleme	ent							
AR, CA, I	DC, ND, NH, NM, OK, RI, SD, UT, VT and WY	(all marketed plans)							
AL, AZ, (GA, IA, KY, LA, MS, NC, NE, NJ, NV, VA and W	(all marketed plans exceed)	ept Plan N	1)					
Plans are	not available to Medicare beneficiaries under age	65 in AL, AZ, IA, ND, NE, NM, N	V, RI, UT, V	NV and WY	<u>'. </u>				
	Open Enrollment (OE) and Underwritten (UV	V)			G	uaranteed Issue	(GI)	
	Plans vary by state - see	product sales kit for plan	options			Plan option	is are as required	by state la	ıw
	Age 65+			Under	_	Age		Under	•
	Policy Yea	rs		Policy	Years	Policy	Years	Policy	Years
Level	1 - 6	7+ 1-6		7+	1 - 6	7+	1-6	7+	
10	23.5%	3.25%		1%	0%	1%	0%	1%	0%
	GA, IA, KY, LA, MS, NC, NE, NJ, NV, VA and W								
Plan N is r	not available to Medicare beneficiaries under age (VA and W						
	Age 65+			Under	_	Age		Under	_
	Policy Yea				Years	Policy		Policy	
Level	1-6	7+		1-6	7+	1-6	7+	1-6	7+
10	28% narketed plans)	3.25%		1%	0%	1%	0%	1%	0%
	not available to Medicare beneficiaries under age	65 in AK							
rians are	OE and UW	Guaranteed Issue (31)						
	Age 65+	Age 65+	J.,						
Level	All Policy Years	All Policy Years							
10	18.5%	1%							
CO, MN,	MT and OR (all marketed plans)	·							
	Age 65+			Under	age 65	Age	65+	Under	age 65
	Policy Yea	rs			Years	_	Years	Policy	_
Level	1-6	7+		1-6	7+	1 - 6	7+	1-6	7+
10	23.5%	3.25%		23.5%	3.25%	23.5%	3.25%	23.5%	3.25%
DE (all m	arketed plans)								
	Age 65+		U65	Under	age 65	Age	65+	Under	age 65
	Policy Years		with	Policy	Years	Policy	Years	Policy	Years
Level	1 - 6	7+	ESRD	1-6	7+	1 - 6	7+	1-6	7+
10	23%	3.25%	0.5%	1%	0%	1%	0%	1%	0%
*Commiss	ions for policies issued to Medicare beneficiaries u	nder the age of 65 (U65) with I	End Stage	Renial Dise	ase (ESRD)	apply for policy years	s 1 through 6 with n	o commissio	ns paid
thereafter									
FL (all ma	arketed plans)								
	Age 65+			Under	_	Age		Under	_
	Policy Yea				Years	•	Years	Policy	
Level	1-6	7+		1-6	7+	1 - 6	7+	1-6	7+
10	22%	2.75%		6%	.55%	22%	2.75%	6%	.55%
ali m) עו	arketed plans except Plan N)			Undon	252 65	۸۵۵	65.	Undon	222 CF
	Age 65+ Policy Yea			Under	Years	Age Policy		Under Policy	_
Level	1-6	7+		1-6	7+	1-6	7+	1-6	7+
10	23.5%	3.25%		23.5%	3.25%	23.5%	3.25%	23.5%	3.25%
ID (Plan		3.23/0		23.370	3.23/0	23.3/0	3.23/0	23.370	3.23/0
- (· · · · · ·	Age 65+			Under	age 65	Age	65+	Under	age 65
	Policy Yea			Policy		Policy		Policy	_
Level	1-6	7+		1-6	7+	1-6	7+	1-6	7+
10	28%	3.25%		28%	3.25%	28%	3.25%	28%	3.25%

Individual Medicare Supplement (continued)

			int (continued)						
IL (all ma	rketed plans except Plan N								
	Ages 65 to		Under age 65		_	s 80+	_	es 65+	Under age 65
	Policy Yea		Policy Years		-	Years		y Years	Policy Years
Level	1-6	7+	1-6	7+	1-6	7+	1-6	7+	1-6 7+
10	23.5%	3.25%	11.5%	1.6%	11.5%	1.6%	1%	0%	1% 0%
IL (only F	· · · · · · · · · · · · · · · · · · ·	70	Haday and CE		A = 0.	- 00.	۸	- CF :	Under one CF
	Ages 65 to		Under age 65		_	s 80+	_	es 65+	Under age 65
Lovel	Policy Yea		Policy Years	7.		Years		y Years	Policy Years
Level 10	1 - 6 28%	7+ 3.25%	1 - 6 14%	7+ 1.6%	1 - 6 14%	7+ 1.6%	1 - 6 1%	7+ 0%	1 - 6 7+ 1% 0%
	arketed plans)	3.23%	14/0	1.0%	14/0	1.0%	1/0	0%	1/6 0/6
•	ductible premium is commission	nahle in IN							
r ure b bee	auctible premium is commission	Age 65+			Under	age 65	Δσι	e 65+	Under age 65
		Policy Yea				Years	_	y Years	Policy Years
Level	1-6	Policy rea	7+		1 - 6	7+	1-6	y rears 7+	1-6 7+
10	24%		0%		1%	0%	24%	0%	1% 0%
	/ID (all marketed plans exc	ent nlan N)	0 /0		1/0	070	24/0	070	170 070
and I	Jan mar netea plans exe	Age 65+			Under	age 65	Др	e 65+	Under age 65
		Policy Yea	rs			Years	_	y Years	Policy Years
Level	1-6		7+		1-6	7+	1-6	7+	1-6 7+
10	23.5%		3.25%		23.5%	3.25%	1%	0%	1% 0%
KS and N	/ID (only Plan N)								
	· ·	Age 65+			Under	age 65	Age	e 65+	Under age 65
		Policy Yea	rs		Policy	Years		y Years	Policy Years
Level	1-6		7+		1-6	7+	1-6	7+	1-6 7+
10	28%		3.25%		28%	3.25%	1%	0%	1% 0%
MI (all m	arketed plans except plan	N)							
Plans are	not available to Medicare ben	eficiaries under age	65 in MI.						
		Age 65+			Under	age 65	Age	e 65+	Under age 65
		Policy Yea	rs		Policy	Years	Polic	y Years	Policy Years
Level	1-3		4+		1-3	4+	1 - 3	4+	1 - 3 4+
10	31%		5.25%				1%	0%	
MI (only	Plan N)								
		Age 65+			Under	age 65	Age	e 65+	Under age 65
		Policy Yea			-	Years		y Years	Policy Years
Level	1-3		4+		1 - 3	4+	1 - 3	4+	1-3 4+
10	36%		5.25%				1%	0%	
MO (all r	marketed plans)								
		Age 65+				age 65	_	e 65+	Under age 65
	1.6	Policy Yea				Years		y Years	Policy Years
Level	1-6		7+		1-6	7+	1-6	7+	1-6 7+
10	23.5% narketed plans except Plan	NI)	3.25%		23.5%	3.25%	1%	0%	1% 0%
,	not available to Medicare ben	•	65 in OH						
riuiis ure	not available to Medicale Ben	Age 65+			Under	age 65	Λα	e 65+	Under age 65
		Policy Yea				Years	_	y Years	Policy Years
Level	1-7	i oney rea	8+		1 - 7	8+	1-7	y rears 8+	1-7 8+
10	22%		0%			0.	1%	0%	
OH (only			0/0				1/0	0 /0	
211 (3111)	,	Age 65+			Under	age 65	Др	e 65+	Under age 65
		Policy Yea				Years	_	y Years	Policy Years
Level	1-7		8+		1 - 7	8+	1-7	8+	1 - 7 8+
10	27%		0%				1%	0%	
	2,70		•,-					-,-	

Individual Medicare Supplement (continued)

PA (all m	narketed plans except Plan N)	•					
,	Age 65+		Under	age 65	Age	: 65+	Under age 65
	Policy Yea	rs	Policy	Years	Policy	/ Years	Policy Years
Level	1-6	7+	1-6	7+	1 - 6	7+	1-6 7+
10	23.5%	3.25%	2.75%	0%	1%	0%	1% 0%
PA (only	Plan N)						
	Age 65+		Under	age 65	Age	65+	Under age 65
	Policy Yea	rs	Policy	Years	Policy	/ Years	Policy Years
Level	1 - 6	7+	1-6	7+	1-6	7+	1-6 7+
10	28%	3.25%	2.75%	0%	1%	0%	1% 0%
SC (all m	arketed plans except Plan N)						
Plans are	not available to Medicare beneficiaries under age	65 in SC.					
	Age 65+		Under	age 65	Age	65+	Under age 65
	Policy Yea	rs	Policy	Years	Policy	Years	Policy Years
Level	1 - 6	7+	1-6	7+	1 - 6	7+	1 - 6 7+
10	23.5%	3.25%			23.5%	3.25%	
SC (only	Plan N)						
	Age 65+		Under	age 65	_	65+	Under age 65
	Policy Yea	rs	Policy	Years	Policy	Years	Policy Years
Level	1-6	7+	1 - 6	7+	1-6	7+	1 - 6 7+
10	28%	3.25%			28%	3.25%	
TN (all m	narketed plans except Plan N)						
	Age 65+		Under	_	_	65+	Under age 65
	Policy Yea		Policy			Years	Policy Years
Level	1-6	7+	1-6	7+	1-6	7+	1-6 7+
10	23.5%	3.25%	1%	0%	3.25%	0%	1% 0%
TN (Plan							
		OE) and Underwritten (UW)				iuaranteed Issue	
		product sales kit for plan options	II			ns are as require	
	Age 65+		Under	_	J	: 65+	Under age 65
	Policy Yea		Policy			Years	Policy Years
Level	1-6	7+	1-6	7+	1 - 6	7+	1-6 7+
10	28%	3.25%	1%	0%	3.25%	0%	1% 0%
IX (all m	narketed plans except Plan N)		11	CF		CF.	Hadanas CF
	Age 65+		Under	_		9 65+	Under age 65
Lovel	Policy Yea		Policy		•	Years	Policy Years
Level 10	1 - 7 23.5%	8+ 3.25%	1-7	8+ 0%	1-7	8+ 0%	1-7 8+
TX (only		3.23/6	1/0	0/0	1/0	0/8	1/6 0/6
, ,	not available to Medicare beneficiaries under age 6	SE in TV					
riuli iv is i	Age 65+		Under	age 65	Δσε	: 65+	Under age 65
	Policy Yea		Policy		_	Years	Policy Years
Level	1-7	8+	1 - 7	8+	1-7	8+	1 - 7 8+
10	28%	3.25%		<u> </u>	1%	0%	
	narketed plans)	3.23/0			1/0	3/0	
	icare Part B Deductible rider is non commissionable	in WI.					
	Age 65+		Under	age 65	Δσε	: 65+	Under age 65
	Policy Yea		Policy			Years	Policy Years
Level	1-6	.s 7+	1-6	7+	1-6	7+	1-6 7+
10	23.5%	3.25%	11.5%	1.6%	23.5%	3.25%	11.5% 1.6%

Complementary Health Products
Products and benefit options vary by state - see Product Availability Guide for product availability.
Protection Series

Cancer o	Cancer and Heart Attack or Stroke								
Issue Ages	ue Ages 18 to 84 85 to 89								
	Policy Year	Policy Years	Policy Years	Policy Years	Policy Year	Policy Years	Policy Years	Policy Years	
Level	1	2 - 3	4 - 10	11+	1	2 - 3	4 - 10	11+	
KS									
10	90%	7%	7%	2.5%	70%	1.75%	1.75%	0%	

Cancer a	Cancer and Heart Attack or Stroke Plus								
Issue Ages	ssue Ages 18 to 84 85 to 89								
	Policy Year	Policy Years	Policy Years	Policy Years	Policy Year	Policy Years	Policy Years	Policy Years	
Level	1	2 - 3	4 - 10	11+	1	2 - 3	4 - 10	11+	
AL, AR, CA*,	AL, AR, CA*, GA, IA, ID, IL, KS, KY, LA, MO, MS, MT, NC, NE, NH, NM, NV, OK, OR, PA, RI, TN, TX, VA, WI, WV								
10	90%	7%	7%	2.5%	70%	1.75%	1.75%	0%	
* in Californi	a issue ages aı	re 18 to 64.							
AZ, DE, FL, IN	, MI, ND, OH,	SC, UT, VT							
10	10 85% 3% 3% 0% 65% 0% 0% 0%								
CO, CT, MA, I	CO, CT, MA, MD, MN, NJ, SD, WA, WY								
10	83%	0%	0%	0%	56%	0%	0%	0%	

Dental V	Dental Vision and Hearing						
Issue Ages	18 t	o 70	71 to 89				
	Policy Year	Policy Years	Policy Year	Policy Years			
Level	1	2 +	1	2 +			
AL, AR, AZ, C	A, CT, DE, FL,	GA, IA, ID, IL, I	N, KS, KY, LA,	MD, MI,			
MO, MS, ND	, NE, NH, NV,	OH, OK, OR, P	A, SC, TN, TX,	UT, VT, WI,			
WV, WY							
10	54%	3%	49%	3%			
NM	•						
10	36.5	3%	31.5	3%			
CO, SD							
10	34%	3%	29%	3%			
Issue Ages	0 to 64		65 to 89				
Level	Policy Year	Policy Years	Policy Year	Policy Years			
	1	2 +	1	2 +			
NJ							
10	54%	3%	39%	1.25%			
Issue Ages	18 t	o 70	71 t	o 89			
	Policy Year	Policy Years	Policy Year	Policy Years			
Level	1 2+ 1 2+						
RI							
10	15%	3%	10%	3%			

Dental Vision and Hearing Plus							
Issue Ages	ssue Ages 18 to 70 71 to 89						
	Policy Year Policy Years Policy Year Policy Yea						
Level	1	2 +	1	2 +			
AL, AR, AZ, C	A, CT, DE, FL,	GA, IA, ID, IL, I	N, KS, KY, LA,	MI, MO, MS,			
ND, NE, NH,	NJ, NM, OH, C	OK, OR, PA, SC	, TN, TX, UT, V	T, WI, WV,			
10	54%	3%	49%	3%			
CO, SD	_	_	-				
10	10 34% 3% 29% 3%						
NV	NV						
10	20%	3%	15%	3%			

Complementary Health Products (continued) Protection Series Legacy

Home Care Plus								
Issue Ages		50 to 89						
	Policy Year	Policy Year Policy Years Policy Years						
Level	1	2 - 10	11+					
AL, AR, GA, I	A, ID, IL, IN, K	S, LA, MO, MS	, MT, NC,					
NE, NM, NV,	OH, OK, OR, F	PA, TN, TX, WI	, WV, WY					
10	57.5%	14%	7%					
AZ, DE, MI, N	ID, SC, UT							
10 54% 10% 7%								
KY,RI, SD								
10	54%	7%	3.5%					

Home Recovery Care							
Issue Ages	50 to 89						
	Policy Year Policy Years Policy Years						
Level	1	2 - 10	11+				
TX	TX						
10	10 57.5% 14% 7%						

Hospital Indemnity Flex							
Issue Ages		18 to 89					
	Policy Year	Policy Years	Policy Years				
Level	1	2 - 10	11+				
AL, AR, DE, G	A, ID, IL, IN, K	S, KY, LA, MO	, MS, MT,				
NC, NE, NM,	NV, OH, OK, C	OR, PA, TN, TX	<u>,</u> wı, wv, wy				
10	57.5%	14%	7%				
AZ, CT, FL, IA	, MA, MD, MI	, ND, NH, SC, I	UT, VA, VT				
10	10 54% 10% 7%						
CO, MN, NJ,	CO, MN, NJ, RI, SD, WA						
10	10 54% 7% 3.5%						

Recovery Care								
Issue Ages		50 to 89						
	Policy Year	Policy Years	Policy Years					
Level	1	2 - 10	11+					
AL, AR, GA, I	A, ID, IL, IN, LA	A, MO, MS, M	T, NC, NE,					
NH, NV, OH,	OK, OR, TN, T	X, WI, WV, WY	1					
10	57.5%	14%	7%					
AZ, DE, MD,	MI, SC, UT							
10	54%	10%	7%					
CO, KY, RI, SI)							
10	10 54% 7% 3.5%							
ND	ND .							
10	13%	2.25%	2.25%					

Home Care (HC-96)							
Issue Ages	es 50 to 89						
Level	Policy Year 1	Policy Years 2 - 10	Policy Years 11+				
CO and KY	CO and KY						
10	53%	14%	14%				

Nursing Facility Care (HFN -97)					
Issue Ages	50 to 89				
	Policy Year	Policy Years	Policy Years		
Level	1	2 - 10	11+		
PA					
10	57.5%	14%	7%		

Final Expense

ACC Final Ex	pense							
All states where product is available								
Plan	Level Benefit and Riders		Modified Benefit					
Underwriting Class	Standard, Preferred and Super Preferred*			Standard				
Issue Ages	40 to 89			40 to 75				
Level/a)	Policy Years		Policy Years					
Level(s)	1	2 - 5	6 - 10	11+	1	2 - 5	6 - 10	11+
10	125%	7.75%	5.75%	2.75%	115%	7.75%	5.75%	2.75%

^{*} An additional Super Preferred commission rate of **18%** will apply to **future** commissions that are payable in Policy Year 1 and is calculated on the base policy's commissionable premiums (less any riders). To qualify, the policyholder must have a qualifying underwritten Medicare Supplement policy issued by an Aetna affiliated company (ACC, ACI, CLI, AHIC, AHIC, ALIC) that is placed in-force within 6 months of the Final Expense policy's coverage effective date.

No commissions on policy fee or policy conversions

CLI Protection Series Final Expense All states where the product is available				
Level Benefit and Riders				
Issue Ages	45 - 89			
	Policy Years			
Level(s)	1	2 - 10	11+	
10	93.50%	15%	3.75%	

\$40 Annual policy fee is commissionable No commissions paid on conversion policies.

This Schedule becomes effective on the Effective Date below unless you notify Company in writing within 10 days of receiving this Schedule that you do not agree to participate in the NMO program and the terms of this Schedule.

For Home Office Use Only		
Chief Marketing Officer	Fffective Date	