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)

Managing General Agent (MGA)

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 There will be a 100% chargeback if a policy is rescinded and premiums returned.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 MGA override you agree to produce no less than one million 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 MGA 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 Supplem	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 V	VV (all marketed plans exce	ept Plan N	1)					
Plans are	not available to Medicare beneficiaries under age	65 in AL, AZ, IA, ND, NE, NM, N	IV, RI, UT, I	NV and WY					
	Open Enrollment	(OE) and Underwritten (U\	N)			G	iuaranteed Issue	(GI)	
	Plans vary by state - see	product sales kit for plan	options			Plan optio	ns are as require	d by state la	aw
	Age 65-			Under	age 65	Age	65+	Under	age 65
	Policy Yea	nrs		Policy	Years	Policy	/ Years	Policy	Years
Level	1 - 6	7+		1-6	7+	1-6	7+	1-6	7+
MGA	26%	0%	1.65%	0%	1.65%	0%			
AL, AZ, G	GA, IA, KY, LA, MS, NC, NE, NJ, NV, VA and W	/V (only Plan N)							
Plan N is r	not available to Medicare beneficiaries under age		VA and W						
	Age 65-			Under	_	_	65+		age 65
	Policy Yea			Policy		•	Years _		Years
Level	1 - 6	7+		1-6	7+	1-6	7+	1-6	7+
MGA	31%	4.25%		1.65%	0%	1.65%	0%	1.65%	0%
_	narketed plans) not available to Medicare beneficiaries under age	65 in AV							
riulis ure	OE and UW	Guaranteed Issue (eı)						
	Age 65+	Age 65+	u.,						
Level	All Policy Years								
MGA	20%	All Policy Years 1.65%							
	MT and OR (all marketed plans)			•					
	Age 65-1			Under	age 65	Age	: 65+	Under	age 65
	Policy Yea				Years	•	Years		Years
Level	1-6	7+		1-6	7+	1-6	7+	1-6	7+
MGA	26%	4.25%		26%	4.25%	26%	4.25%	26%	4.25%
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+
MGA	26%	4.25%	0.65%	1.65%	0%	1.65%	0%	1.65%	0%
	ions for policies issued to Medicare beneficiaries u	nder the age of 65 (U65) with	End Stage	Renial Dise	ase (ESRD)	apply for policy year	rs 1 through 6 with I	no commissio	ns paid
thereafter									
FL (all ma	arketed plans)								
	Age 65-			Under	_		65+		age 65
	Policy Yea			,	Years	•	Years	•	Years
Level MGA	1 - 6 25%	7+ 3.5%		1-6	.80%	1 - 6 25%	7+ 3.5%	1 - 6 6.75%	.80%
	arketed plans except Plan N)	3.3%		6.75%	.80%	25%	3.5%	0.75%	.80%
(all III	Age 65-			Under	200 6E	Λασ	: 65+	Under	age 65
	Policy Yea				Years	_	Years		Years
Level	1 - 6	7+		1-6	7+	1-6	7+	1 - 6	7+
MGA	26%	4.25%		26%	4.25%	26%	4.25%	26%	4.25%
ID (Plan		412370		2070	112370	20/0	412370	20/0	4.2370
- (Age 65-			Under	age 65	Age	: 65+	Under	age 65
	Policy Yea				Years		Years		Years
Level	1 - 6	7+		1-6	7+	1-6	7+	1-6	7+
MGA	31%	4.25%		31%	4.25%	31%	4.25%	31%	4.25%
								_	

Individual Medicare Supplement (continued)

	riudai ivicuicai e		int (continued)							
IL (all ma	arketed plans except Plan N Ages 65 to 3		Under age 65		Ages	. 8U∓	Λαο	es 65+	Under a	90 65
	Policy Year		Policy Years		Policy		_	y Years	Policy	_
Level	1-6	7+	1-6	7+	1-6	7+	1-6	y rears 7+	1-6	7+
MGA	26%	4.25%	13%	2%	13%	2%	1.65%	0%	1.65%	0%
IL (only F		412370	13/0	2/0	10/0	270	2.03/0	0,0	110370	0,0
(- /	Ages 65 to 3	79	Under age 65		Ages	80+	Age	es 65+	Under a	age 65
	Policy Year		Policy Years		Policy		_	y Years	Policy	_
Level	1-6	7+	1-6	7+	1-6	7+	1-6	7+	1-6	7+
MGA	31%	4.25%	15.5%	2%	15.5%	2%	1.65%	0%	1.65%	0%
IN (all ma	arketed plans)								-	
Part B Dec	ductible premium is commissior	nable in IN.								
		Age 65+			Under	age 65	Age	e 65+	Under	age 65
		Policy Yea	rs		Policy	Years	Policy	y Years	Policy	Years
Level	1-6		7+		1-6	7+	1-6	7+	1-6	7+
MGA	27%		0%		1.65%	0%	27%	0%	1.65%	0%
KS and N	MD (all marketed plans exce	ept plan N)								
		Age 65+			Under	age 65	Age	e 65+	Under a	age 65
		Policy Yea	rs		Policy	Years	Policy	y Years	Policy	Years
Level	1-6		7+		1-6	7+	1 - 6	7+	1-6	7+
MGA	26%		4.25%		26%	4.25%	1.65%	0%	1.65%	0%
KS and N	MD (only Plan N)									
		Age 65+			Under		_	e 65+	Under a	_
Lovel	1.6	Policy Yea			Policy			y Years	Policy	
Level MGA	1 - 6 31%		7+ 4.25%		1 - 6 31%	7+ 4.25%	1 - 6 1.65%	7+ 0%	1 - 6	7+ 0%
	narketed plans except plan N	\)\	4.25%		31%	4.25/0	1.05%	0%	1.05/6	U/0
	not available to Medicare bene		65 in MI.							
		Age 65+			Under	age 65	Age	e 65+	Under a	age 65
		Policy Yea	rs		Policy	_	_	y Years	Policy	_
Level	1-3	•	4+		1-3	4+	1-3	4+	1-3	4+
MGA	34%		6.25%				1.65%	0%		
MI (only	Plan N)						-	•		
		Age 65+			Under	age 65	Age	e 65+	Under a	age 65
		Policy Yea	rs		Policy	Years	Policy	y Years	Policy	Years
Level	1-3		4+		1 - 3	4+	1-3	4+	1 - 3	4+
MGA	39%		6.25%				1.65%	0%		
MO (all r	marketed plans)									
		Age 65+			Under	_	_	e 65+	Under	_
Lovel	1-6	Policy Yea	rs 7+		Policy 1 - 6	rears 7+	1 - 6	y Years	Policy	rears 7+
Level MGA	26%		4.25%		26%	4.25%	1.65%	7+ 0%	1.65%	0%
	narketed plans except Plan	NI)	4.23/0		20/6	4.23/0	1.03/6	0/6	1.03/6	U/0
	narketea plans except i lan	•								
,	not available to Medicare ben	eficiaries under aae	65 in OH.					- CF -	Under a	age 65
,	not available to Medicare ben	<u>, </u>	65 in OH.		Under	age 65	Αρι	e 05+		
,	e not available to Medicare ben	Age 65+			Under Policy			e 65+ y Years		_
,	e not available to Medicare ben	<u>, </u>			Under Policy 1 - 7				Policy	_
Plans are		Age 65+	rs		Policy	Years	Police	y Years	Policy	Years
Plans are Level MGA	1-7	Age 65+	rs 8+		Policy	Years	Policy 1 - 7	y Years 8+	Policy	Years
Plans are Level MGA	1 - 7 25%	Age 65+	rs 8+		Policy	Years 8+	Police 1 - 7 1.65%	y Years 8+	Policy	Years 8+
Plans are Level MGA	1 - 7 25%	Age 65+ Policy Yea	8+ 0%		Policy 1 - 7	Years 8+ age 65	Policy 1 - 7 1.65%	y Years 8+ 0%	Policy 1 - 7	Years 8+ age 65
Plans are Level MGA	1 - 7 25%	Age 65+ Policy Year	8+ 0%		Policy 1 - 7 Under	Years 8+ age 65	Policy 1 - 7 1.65%	9 Years 8+ 0% e 65+	Policy 1 - 7	Years 8+ age 65

Individual Medicare Supplement (continued)

PA (all m	narketed plans except Plan N)							
	Age 65+		Under	age 65	Age	e 65+	Under a	age 65
	Policy Year	rs	Policy	Years	Policy	y Years	Policy `	Years
Level	1 - 6	7+	1-6	7+	1-6	7+	1-6	7+
MGA	26%	4.25%	3.5%	0%	1.65%	0%	1.65%	0%
PA (only	Plan N)							
	Age 65+		Under	age 65	Age	65+	Under a	age 65
	Policy Yea	rs	Policy	Years	Policy	y Years	Policy '	Years
Level	1 - 6	7+	1-6	7+	1-6	7+	1-6	7+
MGA	31%	4.25%	3.5%	0%	1.65%	0%	1.65%	0%
SC (all ma	arketed plans except Plan N)							
Plans are	not available to Medicare beneficiaries under age	65 in SC.			_			
	Age 65+		Under	age 65	Age	e 65+	Under a	age 65
	Policy Year	rs	Policy	Years	Policy	y Years	Policy `	Years
Level	1-6	7+	1 - 6	7+	1-6	7+	1 - 6	7+
MGA	26%	4.25%			26%	4.25%		
SC (only l								
	Age 65+		Under	_	•	e 65+	Under a	_
	Policy Yea		Policy	Years		y Years	Policy '	Years
Level	1 - 6	7+	1-6	7+	1-6	7+	1-6	7+
MGA	31%	4.25%			31%	4.25%		
TN (all m	narketed plans except Plan N)							
	Age 65+		Under	_	_	65+	Under a	_
	Policy Yea		Policy			y Years	Policy '	
Level	1 - 6	7+	1-6	7+	1-6	7+	1-6	7+
MGA	26%	4.25%	1.65%	0%	4.25%	0%	1.65%	0%
TN (Plan	• •							
	•	OE) and Underwritten (UW)				Guaranteed Issue	• •	
		product sales kit for plan options				ns are as require		
	Age 65+		Under	_	•	e 65+	Under a	_
	Policy Yea		Policy			y Years _	Policy	
Level	1-6	7+	1-6	7+	1-6	7+	1-6	7+
MGA	31%	4.25%	1.65%	0%	4.25%	0%	1.65%	0%
TX (all ma	arketed plans except Plan N)							
	Age 65+		Under	_	_	e 65+	Under a	_
	Policy Year		Policy			y Years	Policy '	
Level	1-7	8+	1-7	8+	1-7	8+	1-7	8+
MGA TY (and y	26%	4.25%	1.65%	0%	1.65%	0%	1.65%	0%
TX (only I	ाता। N) not available to Medicare beneficiaries under age 6	E in TY						
Tun N 13 II	Age 65+	3 III 17.	Under	ogo 65	Λα	e 65+	Under a	999 65
			Policy		_	y Years	Policy	
	Policy Year						-	8+
Level	Policy Yea			8+	1 - 7	8+	1 - /	
Level MGA	1-7	8+	1-7	8+	1.65%	8+ 0%	1-7	от
MGA	1 - 7 31%			8+	1 - 7 1.65%	8+ 0%	1-7	01
MGA WI (all m	1-7	8+ 4.25%		8+		•	1-7	<u>от</u>
MGA WI (all m	1 - 7 31% narketed plans) icare Part B Deductible rider is non commissionable	8+ 4.25%	1-7		1.65%	0%		
MGA WI (all m	1 - 7 31% narketed plans) icare Part B Deductible rider is non commissionable Age 65+	8+ 4.25% in WI.	1 - 7	age 65	1.65% Age	0%	Under a	age 65
MGA WI (all m	1 - 7 31% narketed plans) icare Part B Deductible rider is non commissionable	8+ 4.25% in WI.	1-7	age 65	1.65% Age	0%		age 65

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

Cancer and Heart Attack or Stroke								
Issue Ages	ssue Ages 18 to 84 85 to 89							
Policy Year Policy Years							Policy Years	
Level	1	2 - 3	4 - 10	11+	1	2 - 3	4 - 10	11+
KS	KS							
MGA	105%	8.5%	8.5%	4%	85%	2.5%	2.5%	0%

Cancer and Heart Attack or Stroke Plus									
Issue Ages 18 to 84 85					85 t	:o 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*,	GA, IA, ID, IL,	KS, KY, LA, MO	o, MS, MT, NC	, NE, NH, NM,	NV, OK, OR,	PA, RI, TN, TX,	VA, WI, WV		
MGA	105%	8.5%	8.5%	4%	85%	2.5%	2.5%	0%	
* in Californi	a issue ages ai	re 18 to 64.							
AZ, DE, FL, IN	, MI, ND, OH,	SC, UT, VT							
MGA	100%	4.5%	4.5%	0%	80%	0%	0%	0%	
CO, CT, MA, I	CO, CT, MA, MD, MN, NJ, SD, WA, WY								
MGA	95%	0%	0%	0%	62%	0%	0%	0%	

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,	IN, KS, KY, LA,	MD, MI,			
MO, MS, ND	, NE, NH, NV,	OH, OK, OR, P	A, SC, TN, TX,	UT, VT, WI,			
WV, WY							
MGA	58%	4%	53%	4%			
NM							
MGA	41%	4%	36%	4%			
CO, SD							
MGA	38%	4%	33%	4%			
Issue Ages	0 to 64		65 to 89				
Level	Policy Year	Policy Years	Policy Year	Policy Years			
	1	2+	1	2 +			
NJ							
MGA	58%	4%	43%	2%			
Issue Ages	18 t	o 70	71 t	o 89			
	Policy Year	Policy Years	Policy Year	Policy Years			
Level	1	2 +	1	2 +			
RI							
MGA	18%	4%	13%	4%			

Dental Vision and Hearing Plus								
Issue Ages 18 to 70 71 to 89								
Policy Year Policy Years Policy Year Policy Year								
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,				
MGA	58%	4%	53%	4%				
CO, SD								
MGA	MGA 38% 4% 33% 4%							
NV	NV							
MGA	23%	4%	18%	4%				

Complementary Health Products (continued) Protection Series Legacy

Home Care Plus							
Issue Ages		50 to 89					
	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				
MGA	65%	18%	9%				
AZ, DE, MI, N	ID, SC, UT						
MGA	60%	13%	8.5%				
KY,RI, SD	KY,RI, SD						
MGA	60%	8.75%	4.5%				

Home Recovery Care							
Issue Ages 50 to 89							
	Policy Year Policy Years Policy Years						
Level	1	2 - 10	11+				
TX							
MGA 65% 18% 9%							

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	, WI, WV, WY				
MGA	65%	18%	9%				
AZ, CT, FL, IA	, MA, MD, MI	, ND, NH, SC,	UT, VA, VT				
MGA	MGA 60% 13% 8.5%						
CO, MN, NJ, RI, SD, WA							
MGA	60%	8.75%	4.5%				

Recovery Care								
Issue Ages	ssue 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, LA	A, MO, MS, M	T, NC, NE,					
NH, NV, OH,	OK, OR, TN, T	X, WI, WV, WY	1					
MGA	65%	18%	9%					
AZ, DE, MD, I	MI, SC, UT							
MGA	60%	13%	8.5%					
CO, KY, RI, SE	CO, KY, RI, SD							
MGA	MGA 60% 8.75% 4.5%							
ND								
MGA	16%	3%	3%					

Home Care (HC-96)						
Issue Ages		50 to 89				
Level	Policy Year 1	Policy Years 2 - 10	Policy Years 11+			
CO and KY						
MGA	56%	18%	18%			

Nursing Facility Care (HFN -97)				
Issue Ages	50 to 89			
	Policy Year	Policy Years	Policy Years	
Level	1	2 - 10	11+	
PA				
MGA	65%	18%	9%	

Final Expense

ACC Final Expense								
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				
Policy Years		Policy Years						
Level(s)	1	2 - 5	6 - 10	11+	1	2 - 5	6 - 10	11+
MGA	144%	8.5%	6.5%	3.5%	134%	8.5%	6.5%	3.5%

^{*} 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+	
MGA	99%	15.50%	4.25%	

\$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	Effective Date	