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)

**Independent Marketing Organization (IMO)** 

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 There will be a 100% chargeback if a policy is rescinded and premiums returned.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 IMO override you agree to produce no less than two million five hundred 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 IMO 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**

inaiv	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	V (all marketed plans exce	ept Plan N	)				
Plans are	not available to Medicare beneficiaries under age (	65 in AL, AZ, IA, ND, NE, NM, N	V, RI, UT, I	VV and WY				
	Open Enrollment (	OE) and Underwritten (UV	V)			G	uaranteed Issue	(GI)
	Plans varv by state - see	product sales kit for plan	options			Plan optio	ns are as required	d by state law
	Age 65+	<u> </u>		Under	age 65		65+	Under age 65
	Policy Year	rs		Policy	_	_	Years	Policy Years
Level	1-6	7+		1-6	7+	1-6	7+	1-6 7+
IMO	27%	4.5%		1.75%	0%	1.75%	0%	1.75% 0%
	GA, IA, KY, LA, MS, NC, NE, NJ, NV, VA and W					2000	272	
	not available to Medicare beneficiaries under age 6		VA and W	v				
11411111111	Age 65+	3 III AL, AL, IA, IVC, IVL, IV, IVV,	TA GIAGO	Under	age 65	Δσε	65+	Under age 65
	Policy Yea	re		Policy	_	_	Years	Policy Years
Level	1 - 6	7+		1-6	7+	1-6	7+	1-6 7+
IMO	32%	4.5%		1.75%	0%	1.75%	0%	1.75% 0%
	narketed plans)	7.3/0		1.73/0	<b>U</b> /0	1.73/0	3/6	1.73/0 0/0
•	not available to Medicare beneficiaries under age (	55 in AK.						
rians are	OE and UW	Guaranteed Issue (	31)					
	Age 65+	Age 65+	J1)					
Lovel	All Policy Years	All Policy Years						
Level IMO	20.5%	1.75%						
_		1./5/6		ļ				
CO, IVIN,	MT and OR (all marketed plans)			Hadan	CF		CF.	Under one CE
	Age 65+			Under	_	_	65+	Under age 65
	Policy Year			Policy		•	Years	Policy Years
Level	1 - 6	7+		1-6	7+	1-6	7+	1-6 7+
IMO	27%	4.5%		27%	4.5%	27%	4.5%	27% 4.5%
DE (all m	arketed plans)						<b></b>	
	Age 65+		U65	Under	_	_	65+	Under age 65
	Policy Years	<b>-</b> .	with	Policy			Years	Policy Years
Level	1 - 6	7+	ESRD	1-6	7+	1-6	7+	1-6 7+
IMO	27%	4.5%	0.7%	1.75%	0%	1.75%	0%	1.75% 0%
	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 year	s 1 through 6 with I	no commissions paid
thereafte								
FL (all ma	arketed plans)							
	Age 65+			Under	_	_	65+	Under age 65
	Policy Year			Policy	Years	· · · · · · · · · · · · · · · · · · ·	Years	Policy Years
Level	1 - 6	7+		1-6	7+	1-6	7+	1-6 7+
IMO	26%	3.75%		7%	.90%	26%	3.75%	7% .90%
ID (all m	arketed plans except Plan N)							
	Age 65+			Under	•	Age	65+	Under age 65
	Policy Year	rs		Policy		Policy	Years	Policy Years
Level	1 - 6	7+		1 - 6	7+	1 - 6	7+	1-6 7+
IMO	27%	4.5%		27%	4.5%	27%	4.5%	27% 4.5%
ID (Plan	N)							
	Age 65+			Under	age 65	Age	65+	Under age 65
	Policy Year	rs		Policy	Years	Policy	Years	Policy Years
Level	1 - 6	7+		1-6	7+	1 - 6	7+	1-6 7+
IMO	32%	4.5%		32%	4.5%	32%	4.5%	32% 4.5%
								_

**Individual Medicare Supplement (continued)** 

	rketed plans except Plan N		in (continued)							
ır (alı ma	rketed plans except Plan N Ages 65 to	•	Under age 65		Λαο	s 80+	A ~ ~	es 65+	Under age 6	65
	Ages 65 to Policy Yea		Policy Years		_	Years	_	y Years	Policy Year	
Level	1-6	7+	1-6	7+	1 - 6	7+	1-6	y rears 7+	1-6 7-	
IMO	27%	4.5%	13.5%	2.25%	13.5%	2.25%	1.75%	0%	1.75% 0%	
IL (only F		11071								-
,	Ages 65 to	79	Under age 65		Ages	s 80+	Age	es 65+	Under age 6	65
	Policy Yea	irs	Policy Years		Policy	Years	Polic	y Years	Policy Year	rs
Level	1 - 6	7+	1 - 6	7+	1-6	7+	1 - 6	7+	1-6 7-	+
IMO	32%	4.5%	16%	2.25%	16%	2.25%	1.75%	0%	1.75% 0%	%
IN (all ma	arketed plans)									
Part B Dec	ductible premium is commissio	nable in IN.								
		Age 65+			Under	age 65	Age	e 65+	Under age 6	65
		Policy Yea	rs		Policy	Years	Polic	y Years	Policy Year	rs
Level	1-6		7+		1-6	7+	1-6	7+	1-6 7-	+
IMO	28%		0%		1.75%	0%	28%	0%	1.75% 0%	%
KS and N	/ID (all marketed plans exc									
		Age 65+				age 65	_	e 65+	Under age 6	
		Policy Yea				Years		y Years	Policy Year	
Level	1-6		7+		1-6	7+	1 - 6	7+	1-6 7-	
IMO	27%		4.5%		27%	4.5%	1.75%	0%	1.75% 0%	%
KS and N	/ID (only Plan N)	Age 65+			Under	age 65	۸۵	e 65+	Under age 6	C E
		Policy Yea	rc			Years	_	y Years	Policy Year	
Level	1-6	rolley rea	7+		1-6	7+	1-6	y rears 7+	1-6 7-	
IMO	32%		4.5%		32%	4.5%	1.75%	0%	1.75% 0%	
	arketed plans except plan	N)	41375		32/0	41370	117570	0,0	2.7570 07	
	not available to Medicare ben		65 in MI.							
		Age 65+			Under	age 65	Age	e 65+	Under age 6	65
		Policy Yea	rs			Years	Polic	y Years	Policy Year	
Level	1-3		4+		1-3	4+	1 - 3	4+	1-3 4	+
IMO	35%		6.5%				1.75%	0%		
MI (only	Plan N)						_			
		Age 65+				age 65	Age	e 65+	Under age 6	65
		Policy Yea			-	Years		y Years	Policy Year	
Level	1-3		4+		1 - 3	4+	1 - 3	4+	1-3 4-	+
IMO	40%		6.5%				1.75%	0%		
MO (all r	narketed plans)	A CF.			Unalan	CF	۸	- CF :	Hadan asa (	C.E.
		Age 65+ Policy Yea	we.			age 65 Years	J	e 65+ y Years	Under age 6 Policy Year	
Level	1-6	Policy rea	7+		1-6	7+	1 - 6	y rears 7+	1-6 7-	
IMO	27%		4.5%		27%	4.50%	1.75%	0%	1.75% 09	
	narketed plans except Plan	N)	4.570		2770	4.50/0	1.7570	070	1.7570 07	,,
,	not available to Medicare ber	,	65 in OH.							
1.2.15 2.76	The state of the s	Age 65+			Under	age 65	Age	e 65+	Under age 6	65
		Policy Yea				Years	_	y Years	Policy Year	
Level	1-7		8+		1-7	8+	1 - 7	8+	1-7 8	
IMO	26%		0%				1.75%	0%		
OH (only	Plan N)							•		
		Age 65+			Under	age 65	Age	e 65+	Under age 6	65
		Policy Yea	rs		Policy	Years	Polic	y Years	Policy Year	rs
Level	1-7		8+		1 - 7	8+	1 - 7	8+	1-7 8-	+
IMO	31%		0%				1.75%	0%		

**Individual Medicare Supplement (continued)** 

PΔ (all m	arketed plans except Plan N)						
TA (all III	Age 65+		Under a	age 65	Age	e 65+	Under age 65
	Policy Yea		Policy	_	Policy Years		Policy Years
Level	1-6	7+	1-6	7+	1-6	7+	1-6 7+
IMO	27%	4.5%	3.75%	0%	1.75%	0%	1.75% 0%
PA (only	Plan N)						•
	Age 65+		Under a	age 65	Age	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+
IMO	32%	4.5%	3.75%	0%	1.75%	0%	1.75% 0%
SC (all m	arketed plans except Plan N)						
Plans are	not available to Medicare beneficiaries under age	65 in SC.					
	Age 65+		Under a	_	_	65+	Under age 65
	Policy Yea		Policy			y Years	Policy Years
Level	1 - 6	7+	1-6	7+	1-6	7+	1-6 7+
IMO SC (anh)	27%	4.5%			27%	4.5%	
SC (only	Age 65+		Under a	000 FE	Λ~.	e 65+	Under age 65
	Policy Yea	re	Policy	_		y Years	Policy Years
Level	1 - 6	7+	1-6	7+	1-6	7+	1-6 7+
IMO	32%	4.5%			32%	4.5%	
	arketed plans except Plan N)	4.570			3270	41370	
(4	Age 65+		Under a	age 65	Age	e 65+	Under age 65
	Policy Yea	rs	Policy	_		y Years	Policy Years
Level	1 - 6	7+	1-6	7+	1-6	7+	1-6 7+
IMO	27%	4.5%	1.75%	0%	4.5%	0%	1.75% 0%
TN (Plan	N only)						
	Open Enrollment (	OE) and Underwritten (UW)			ď	Guaranteed Issue	e (GI)
	Plans vary by state - see	product sales kit for plan option			Plan optio	ns are as require	ed by state law
	Age 65+		Under a	_		e 65+	Under age 65
	Policy Yea		Policy			y Years	Policy Years
Level	1 - 6	7+	1-6	7+	1-6	7+	1-6 7+
IMO	32%	4.5%	1.75%	0%	4.50%	0%	1.75% 0%
IX (all m	arketed plans except Plan N)		Undana	CF	0.50	CE	Under eac CE
	Age 65+		Under a	_	_	9 65+ • Years	Under age 65
Lovel	Policy Yea 1 - 7	8+	Policy 1 - 7	rears 8+	1 - 7	y Years 8+	Policy Years 1 - 7 8+
Level IMO	27%	4.5%	1.75%	0%	1.75%	0%	1.75% 0%
TX (only		4.570	1.7370	0/0	1.7570	0/0	1.7570 070
` '	not available to Medicare beneficiaries under age 6	55 in TX.					
	Age 65+		Under a	age 65	Age	e 65+	Under age 65
	Policy Yea	rs	Policy '			y Years	Policy Years
Level	1 - 7	8+	1-7	8+	1-7	8+	1-7 8+
IMO	32%	4.5%			1.75%	0%	
<b>WI</b> (all m	arketed plans)						
The Medi	care Part B Deductible rider is non commissionable	in WI.					
	Age 65+		Under a	age 65	Age	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+
IMO	27%	4.5%	13.5%	2.25%	27%	4.5%	13.5% 2.25%

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	s 18 to 84 85 to 89							
	Policy Year Policy Years Policy Years Policy Years Policy Year Policy Year Policy Years Policy Years							Policy Years
Level	1	2 - 3	4 - 10	11+	1	2 - 3	4 - 10	11+
KS	KS							
IMO	108.5%	9%	9%	4.5%	88.5%	2.75%	2.75%	0%

Cancer and Heart Attack or Stroke Plus									
Issue Ages	Ages 18 to 84 85 to 89								
	Policy Year	Policy Years	<b>Policy Years</b>	<b>Policy Years</b>	Policy Year	Policy Years	Policy Years	<b>Policy Years</b>	
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		
IMO	108.5%	9%	9%	4.5%	88.5%	2.75%	2.75%	0%	
* in Californi	a issue ages ai	re 18 to 64.	•						
AZ, DE, FL, IN	, MI, ND, OH,	SC, UT, VT							
IMO	IMO 102% 4.75% 4.75% 0% 83% 0% 0% 0%								
CO, CT, MA, I	CO, CT, MA, MD, MN, NJ, SD, WA, WY								
IMO	99%	0%	0%	0%	64%	0%	0%	0%	

Dental Vision and Hearing								
Issue Ages	18 t	o 70	71 to 89					
	Policy Year	<b>Policy Years</b>	Policy Year	<b>Policy Years</b>				
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								
IMO	59%	4.5%	54%	4.5%				
NM								
IMO	41.5%	4.5%	36.5%	4.5%				
CO, SD								
IMO	39%	4.5%	34%	4.5%				
Issue Ages	0 to 64		65 to 89					
Level	Policy Year	<b>Policy Years</b>	Policy Year	<b>Policy Years</b>				
	1	2 +	1	2 +				
NJ								
IMO	59%	4.50%	44%	2.25%				
Issue Ages	18 t	o 70	71 t	o 89				
	Policy Year	Policy Years	Policy Year	<b>Policy Years</b>				
Level	Level 1 2+ 1 2+							
RI								
IMO	19%	4.50%	14%	4.50%				

Dental Vision and Hearing Plus								
Issue Ages	18 t	o 70	71 t	o 89				
	Policy Year	<b>Policy Years</b>	Policy Year	<b>Policy Years</b>				
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,				
IMO	59%	4.5%	54%	4.5%				
CO, SD								
IMO	IMO 39% 4.5% 34% 4.5%							
NV	NV							
IMO	24%	4.5%	19%	4.5%				

# Complementary Health Products (continued) Protection Series Legacy

Home Care Plus							
Issue Ages		50 to 89					
Level	Policy Year 1	Policy Years 2 - 10	Policy Years 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				
IMO	67.5%	19%	9.5%				
AZ, DE, MI, N	ID, SC, UT						
IMO 62% 14% 9%							
KY,RI, SD	KY,RI, SD						
IMO	62%	9%	4.75%				

Home Re	Home Recovery Care						
Issue Ages	Issue Ages 50 to 89						
	Policy Year   Policy Years   Policy Years						
Level	1	2 - 10	11+				
TX							
IMO 67.5% 19% 9.5%							

Hospital Indemnity Flex						
Issue Ages		18 to 89				
	Policy Year	<b>Policy Years</b>	<b>Policy Years</b>			
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	DR, PA, TN, TX	, WI, WV, WY			
IMO	67.5%	19%	9.5%			
AZ, CT, FL, IA	, MA, MD, MI	, ND, NH, SC,	UT, VA, VT			
IMO 62% 14% 9%						
CO, MN, NJ, RI, SD, WA						
IMO	62%	9%	4.75%			

Recovery Care							
Issue Ages		50 to 89					
	Policy Year	<b>Policy Years</b>	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				
IMO	67.5%	19%	9.5%				
AZ, DE, MD,	MI, SC, UT						
IMO	62%	14%	9%				
CO, KY, RI, SD							
IMO 62% 9% 4.75%							
ND	ND						
IMO	17%	3.5%	3.5%				

Home Care (HC-96)							
Issue Ages		50 to 89					
Level	Policy Year 1	Policy Years 2 - 10	Policy Years 11+				
CO and KY							
IMO	57%	19%	19%				

Nursing Facility Care (HFN -97)									
Issue Ages	50 to 89								
	Policy Year	<b>Policy Years</b>	<b>Policy Years</b>						
Level	1	2 - 10	11+						
PA									
IMO	67.5%	19%	9.5%						

## **Final Expense**

ACC Final Expense								
All states where product is available								
Plan	Level Benefit and Riders			Modified Benefit				
<b>Underwriting Class</b>	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+
IMO	150%	8.75%	6.75%	3.75%	140%	8.75%	6.75%	3.75%

<sup>\*</sup> 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, AHLIC, 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

<b>CLI Protection Series Final Expense</b>						
All states where the product is available						
Level Benefit and Riders						
Issue Ages	45 - 89					
	Policy Years					
Level(s)	1	2 - 10	11+			
IMO	99.50%	15.75%	4.50%			

\$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