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 There will be a 100% chargeback if a policy is rescinded and premiums returned.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 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	idual Medicare Supplem	ent							
AR, CA,	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 \	VV (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, V	VV and WY					
	Open Enrollment	(OE) and Underwritten (UV	N)			G	uaranteed Issue	(GI)	
	Plans vary by state - se	e product sales kit for plan	options			Plan option	ns are as require	d by state lav	w
	Age 65-	age 65	Age	65+	Under a	ge 65			
	Policy Ye	ars		Policy	Years	Policy	Years	Policy \	ears/
Level	1 - 6	7+ 1-6 7+			7+	1 - 6	7+	1-6	7+
09	23%	3%		0.9%	0%	0.9%	0%	0.9%	0%
AL, AZ, C	GA, IA, KY, LA, MS, NC, NE, NJ, NV, VA and V	/V (only Plan N)							
Plan N is i	not available to Medicare beneficiaries under age	65 in AL, AZ, IA, NC, NE, NJ, NV,	VA and W	V.					
	Age 65-			Under	_		65+	Under a	_
	Policy Ye			Policy			Years	Policy \	
Level	1 - 6	7+		1-6	7+	1-6	7+	1-6	7+
09	27%	3%		0.9%	0%	0.9%	0%	0.9%	0%
	narketed plans)	CC :- AV							
Plans are	not available to Medicare beneficiaries under age		CI)						
	OE and UW	Guaranteed Issue (31)						
Lovel	Age 65+ All Policy Years	Age 65+ All Policy Years							
Level 09	18%	0.9%							
	, MT and OR (all marketed plans)	0.576							
CO, IVIIV,	Age 65-	<u>.</u>		Under	age 65	Λαο	65+	Under a	go 65
	Policy Ye			Policy	_	J	Years	Policy \	_
Level	1 - 6	7+		1 - 6	7+	1-6	7+	1-6	7+
09	23%	3%		23%	3%	23%	3%	23%	3%
	narketed plans)				0,11				
	Age 65+		U65	Under	age 65	Age	65+	Under a	ge 65
	Policy Years		with	Policy	_	Policy	Years	Policy \	_
Level	1-6	7+	ESRD	1-6	7+	1-6	7+	1-6	7+
09	22%	3%	0.45%	0.9%	0%	0.9%	0%	0.9%	0%
*Commiss	sions for policies issued to Medicare beneficiaries (under the age of 65 (U65) with I	End Stage I	Renial Dise	ase (ESRD)	apply for policy year	s 1 through 6 with	no commission	s paid
thereafte									
FL (all m	arketed plans)								
	Age 65-	+		Under	age 65	Age	65+	Under a	ge 65
	Policy Ye	ars		Policy	Years	Policy	Years	Policy \	/ears
Level	1 - 6	7+		1 - 6	7+	1 - 6	7+	1-6	7+
09	21%	2.5%		5.5%	.50%	21%	2.5%	5.5%	.50%
ID (all m	arketed plans except Plan N)								
	Age 65-			Under	•	_	65+	Under a	·
	Policy Ye			Policy			Years	Policy \	
Level	1 - 6	7+		1-6	7+	1-6	7+	1-6	7+
09	23%	3%		23%	3%	23%	3%	23%	3%
ID (Plan				Line de	65		CF.	11 mal m	CF
	Age 65- Policy Ye			Under Policy	-	_	65+	Under a	_
Lovel	1 - 6	ars 7+		1 - 6	rears 7+	1 - 6	Years 7+	Policy \ 1 - 6	rears 7+
Level 09	27%	3%		27%	3%	27%	3%	27%	3%
03	L1 /0	3/0		21/0	3/0	£1 /0	3/0	21/0	J/0

Individual Medicare Supplement (continued)

	orkatad plans aveant Plan N		ent (continuca)						
IL (dii iiid	arketed plans except Plan N Ages 65 to	•	Under age 65		Λαρο	s 80+	Λα	es 65+	Under age 6
	Policy Yea		Policy Years		_	Years	_	y Years	Policy Year
Level	1-6	.s 7+	1-6	7+	1 - 6	7+	1-6	7+	1-6 7+
09	23%	3%	11%	1.5%	11%	1.5%	0.9%	0%	0.9% 0%
IL (only F					,		0.075		
, ,	Ages 65 to	79	Under age 65		Ages	80 +	Age	es 65+	Under age 6
	Policy Yea	rs	Policy Years		Policy	Years	Polic	y Years	Policy Year
Level	1 - 6	7+	1-6	7+	1-6	7+	1-6	7+	1-6 7+
09	27%	3%	13.5%	1.5%	13.5%	1.5%	0.9%	0%	0.9% 0%
IN (all ma	arketed plans)								
Part B Dec	ductible premium is commission	nable in IN.							
		Age 65+			Under	age 65	Ag	e 65+	Under age 6
		Policy Yea	rs		Policy	Years	Polic	y Years	Policy Year
Level	1-6		7+		1-6	7+	1-6	7+	1-6 7+
09	23%		0%		0.9%	0%	23%	0%	0.9% 0%
KS and N	MD (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+
09	23%		3%		23%	3%	0.9%	0%	0.9% 0%
KS and N	MD (only Plan N)	A 65.						6	
		Age 65+				age 65	•	e 65+	Under age 6
	4.6	Policy Yea				Years		y Years	Policy Year
Level	1-6		7+		1-6	7+	1-6	7+	1-6 7+
09	27%	NI\	3%		27%	3%	0.9%	0%	0.9% 0%
	narketed plans except plan land not available to Medicare ben		CE in MI						
riulis ure	not available to Wealcare bell	Age 65+			Under	200 6E	Λα	e 65+	Under age 6
		Policy Yea				Years	ı .	y Years	Policy Year
Level	1-3	rolley rea	4+		1-3	4+	1-3	4+	1 - 3 4+
09	30%		5%				0.9%	0%	
MI (only			2,0				0.070	0,0	
(- /	,	Age 65+			Under	age 65	Ag	e 65+	Under age 6
		Policy Yea				Years	ı .	y Years	Policy Year
Level	1-3	-	4+		1-3	4+	1-3	4+	1-3 4+
09	35%		5%				0.9%	0%	
MO (all r	marketed plans)								
		Age 65+				age 65	Ag	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+
09	23%		3%		23%	3%	0.9%	0%	0.9% 0%
,	narketed plans except Plan	•							
Plans are	not available to Medicare ben								
		Age 65+				age 65		e 65+	Under age 6
	4 -	Policy Yea				Years		y Years	Policy Year
Level	1-7		8+		1 - 7	8+	1 - 7	8+	1-7 8+
09	21%		0%				0.9%	0%	
OH (only	/ Pian N)	A CT -			11:1:-	65		- CF :	114.4
		Age 65+				age 65		e 65+	Under age 6
Lovel	1 7	Policy Yea			1 - 7	Years 8+		y Years	Policy Year 1 - 7 8+
Level 09	1 - 7 26%		8+ 0%		1-/	от	1 - 7 0.9%	8+ 0%	1-7 84
09	20%		U%				0.5%	U70	

Individual Medicare Supplement (continued)

PΔ (all m	arketed plans except Plan N)	ant (continued)						
TA (all III	Age 65+		Under	age 65	Age	e 65+	Under	age 65
	Policy Yea	rs	Policy	_		y Years		Years
Level	1-6	7+	1-6	7+	1-6	7+	1-6	7+
09	23%	3%	2.5%	0%	0.9%	0%	0.9%	0%
PA (only	Plan N)		•	'		1		
	Age 65+		Under	age 65	Age	e 65+	Under	age 65
	Policy Years		Policy	Years	Policy	y Years	Policy	Years
Level	1 - 6	7+	1-6	7+	1-6	7+	1 - 6	7+
09	27%	3%	2.5%	0%	0.9%	0%	0.9%	0%
SC (all m	arketed plans except Plan N)							
Plans are	not available to Medicare beneficiaries under age	65 in SC.						
	Age 65+		Under	_	_	65+		age 65
	Policy Yea		Policy			y Years _		Years
Level	1 - 6	7+	1 - 6	7+	1-6	7+	1 - 6	7+
09	23%	3%			23%	3%		
SC (only			l lm d	222 65			l lmd s ::	222 65
	Age 65+ Policy Yea			age 65 Years	_	e 65+ y Years	Policy	age 65
Level	1 - 6	7+	1-6	7+	1-6	7+	1-6	7+
09	27%	3%	1 - 0	,,	27%	3%		,,
	arketed plans except Plan N)	370			2770	370		
110 (0	Age 65+		Under	age 65	Age	e 65+	Under	age 65
	Policy Yea	rs	Policy	_	Ū	y Years	Policy	_
Level	1-6	7+	1-6	7+	1-6	7+	1-6	7+
09	23%	3%	0.9%	0%	3%	0%	0.9%	0%
TN (Plan	N only)				-			
	Open Enrollment (OE) and Underwritten (UW)			G	Guaranteed Issue	e (GI)	
	Plans vary by state - see	product sales kit for plan options			Plan optio	ns are as require	ed by state la	aw
	Age 65+		Under	_		e 65+		age 65
	Policy Yea		Policy			y Years	Policy	
Level	1 - 6	7+	1-6	7+	1-6	7+	1-6	7+
09	27%	3%	0.9%	0%	3%	0%	0.9%	0%
TX (all m	arketed plans except Plan N)		I I I I I I I I I I I I I I I I I I I	CF		CF.		CF
	Age 65+		Under	_	_	9 65+ • Years		age 65
Lovel	Policy Yea 1 - 7	8+	1 - 7	Years 8+	1 - 7	y Years 8+	Policy 1 - 7	rears 8+
Level 09	23%	3%	0.9%	0%	0.9%	0%	0.9%	0%
TX (only		5,0	0.570	0,0	0.570	0,0	0.570	0,0
	ot available to Medicare beneficiaries under age 6	55 in TX.						
	Age 65+		Under	age 65	Age	e 65+	Under	age 65
	Policy Yea	rs	Policy			y Years	Policy	
Level	1 - 7	8+	1-7	8+	1-7	8+	1-7	8+
09	27%	3%			0.9%	0%		
WI (all m	arketed plans)					-		
The Medi	care Part B Deductible rider is non commissionable	in WI.						
	Age 65+			age 65		e 65+		age 65
	Policy Yea		Policy	Years	Policy	y Years		Years
Level	1 - 6	7+	1-6	7+	1 - 6	7+	1-6	7+
09	23%	3%	11%	1.5%	23%	3%	11%	1.5%

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	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							
09	09 85% 6.5% 6.5% 2% 65% 1.5% 1.5% 0%							

Cancer a	Cancer and Heart Attack or Stroke Plus							
Issue Ages	Issue 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*,	GA, IA, ID, IL,	KS, KY, LA, MO	O, MS, MT, NO	, NE, NH, NM	, NV, OK, OR,	PA, RI, TN, TX,	VA, WI, WV	
09	85%	6.5%	6.5%	2%	65%	1.5%	1.5%	0%
* in Californi	a issue ages aı	re 18 to 64.		•				
AZ, DE, FL, IN	, MI, ND, OH,	SC, UT, VT						
09	09 80% 2.5% 2.5% 0% 60% 0% 0% 0%							
CO, CT, MA, I	CO, CT, MA, MD, MN, NJ, SD, WA, WY							
09	79%	0%	0%	0%	53%	0%	0%	0%

Dental V	Dental Vision and Hearing							
Issue Ages		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								
09	51%	2.5%	46%	2.5%				
NM								
09	34.5	2.5%	29.5	2.5%				
CO, SD								
09	32%	2.5%	27%	2.5%				
Issue Ages	0 to 64		65 to 89					
Level	Policy Year	Policy Years	Policy Year	Policy Years				
	1	2 +	1	2 +				
NJ								
09	51%	2.5%	37%	1%				
Issue Ages	18 t	o 70		o 89				
	Policy Year	Policy Years	Policy Year	Policy Years				
Level	Level 1 2+ 1 2+							
RI	1							
09	14%	2.5%	9%	2.5%				

Dental Vision and Hearing Plus							
Issue Ages	18 t	o 70	71 t	o 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,	MI, MO, MS,			
ND, NE, NH,	NJ, NM, OH, C	OK, OR, PA, SC	, TN, TX, UT, V	T, WI, WV,			
09	51%	2.5%	46%	2.5%			
CO, SD							
09	09 32% 2.5% 27% 2.5%						
NV	NV						
09	19.5%	2.5%	14.5%	2.5%			

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+			
		S, LA, MO, MS PA, TN, TX, WI,	, , ,			
09	55%	13%	6.5%			
AZ, DE, MI, N	ID, SC, UT					
09 52% 9% 6%						
KY,RI, SD						
09	52%	6%	3%			

Home Recovery Care								
Issue Ages	Issue Ages 50 to 89							
	Policy Year Policy Years Policy Years							
Level	1	2 - 10	11+					
TX								
09	09 55% 13% 6.5%							

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				
09	55%	13%	6.5%				
AZ, CT, FL, IA	, MA, MD, MI	, ND, NH, SC,	UT, VA, VT				
09	09 52% 9% 6%						
CO, MN, NJ, RI, SD, WA							
09	52%	6%	3%				

Recovery	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					
09	55%	13%	6.5%					
AZ, DE, MD, I	MI, SC, UT	_						
09	52%	9%	6%					
CO, KY, RI, SE)							
09 52% 6% 3%								
ND	ND							
09	12%	2%	2%					

Home Care (HC-96)						
Issue Ages		50 to 89				
Level	Policy Year 1	Policy Years 2 - 10	Policy Years 11+			
CO and KY						
09	52%	13%	13%			

Nursing Facility Care (HFN -97)					
Issue Ages	50 to 89				
	Policy Year	Policy Years	Policy Years		
Level	1	2 - 10	11+		
PA					
09	55%	13%	6.5%		

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				
Level(s)	Policy Years			Policy Years				
	1	2 - 5	6 - 10	11+	1	2 - 5	6 - 10	11+
09	120%	7.5%	5.5%	2.5%	110%	7.5%	5.5%	2.5%

^{*} 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+		
9	90%	14.75%	3.50%		

\$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	