

I. PDP PLANS

One-Time Initial Payment for CMS Contract Year 2008 beginning with 01/01/08 Effective Enrollments for PDP Plans

A one-time initial payment will be made to Agent for each individual properly enrolled in a PDP Plan which Agent is approved and authorized to market and promote for the 2008 CMS Contract Year, beginning with 01/01/08 effective enrollments. **Such one-time initial payments will not be made if individual is already enrolled in a Company PDP Plan at the time of enrollment.** Payment will be made in the first commission payment cycle following the entry of a qualifying application into the Company's enrollment system.

\$70.00 One-time Initial Payment

Annual Renewal Fee

The Company shall pay Agent an annual renewal fee for each individual properly enrolled in a PDP Plan which Agent is approved and authorized to market and promote for the 2008 CMS Contract Year and who remains enrolled in the same PDP Plan in subsequent CMS Contract Years. **Such renewal fees will not be made if individual was already enrolled in a Company PDP Plan at the time of enrollment.** Payment will be made following the Company's receipt and processing of CMS confirmation that the renewing PDP Plan member has continued his or her enrollment in the PDP Plan following the close of the annual open enrollment period.

\$5.00 Annual Renewal Fee

- a. The Company shall have the right to cumulate any commissions due to Agent until such commissions equal at least twenty dollars (\$20.00).
- b. If the Company refunds any premium for any reason, Agent is indebted to the Company for any Agent commissions paid on that premium. Agent shall reimburse the Company for the premiums and commissions within thirty (30) days of the Company's written request. The Company may recover commissions in any lawful way.
- c. Commission payments (including over-riding commission payments) shall be reduced by commission charge-backs for refunds of premium.
- d. Commissions are payable only when premium payments are current and no late premium payments are due. Agent shall not be entitled to commissions (including over-riding commissions) on premiums which would be owed for any 50-64 Indemnity Plan but which have been waived by the Company.
- e. If any 50-64 Indemnity Plan policy lapses for a period exceeding three (3) months and is not subsequently reinstated, there shall be no further obligation upon the Company to pay compensation hereunder for such 50-64 Indemnity Plan unless said policy is reinstated through the direct efforts of Agent, as determined by the Company.

VI. 50-64 INDEMNITY PRODUCTS – AARP BRANDED

The Company will compensate Agent as follows for each individual properly enrolled in an AARP branded 50-64 indemnity insurance plan (“AARP Branded 50-64 Indemnity Plan”) which Agent is approved and authorized to market and promote.

The following compensation schedules have been filed for approval with the applicable state regulatory agencies and are subject to state approval. The Company may modify the compensation rates as required for state approval.

**AARP 50-64 Indemnity Plans
Commission Schedule**

States: All States
Plans: Essential Plus Health Insurance Plans

Rate Level: 1

| First Year | | Renewal Years | |
|------------|--------|---------------|-------|
| Agent | 15.00% | Agent | 5.00% |

Rate Level: 2

| First Year | | Renewal Years | |
|------------|--------|---------------|-------|
| Agent | 12.00% | Agent | 4.00% |

Rate Level: 3

| First Year | | Renewal Years | |
|------------|--------|---------------|-------|
| Agent | 10.00% | Agent | 3.00% |

Rate Level: 4

| First Year | | Renewal Years | |
|------------|-------|---------------|-------|
| Agent | 8.00% | Agent | 2.00% |

States: All States
Plans: Essential Health Insurance Plans

Rate Level: Non-Smoker

| First Year | | Renewal Years | |
|------------|--------|---------------|-------|
| Agent | 15.00% | Agent | 5.00% |

Rate Level: Smoker

| First Year | | Renewal Years | |
|------------|--------|---------------|-------|
| Agent | 12.00% | Agent | 4.00% |

Payment of the above commissions shall be made in compliance with applicable state laws and regulations and subject to the provisions of the Agreement, including the following terms and conditions:

Payment of the above commissions shall be made in compliance with applicable state laws and regulations and subject to the provisions of the Agreement, including the following terms and conditions:

- a. Notwithstanding for commissions payable in the state of Washington, the Company shall have the right to accumulate any commissions due to Agent until such commissions equal at least twenty dollars (\$20.00).
- b. If the Company refunds any premium for any reason, Agent is indebted to the Company for any Agent commissions paid on that premium. Agent shall reimburse the Company for the premiums and commissions within thirty (30) days of the Company's written request. The Company may recover commissions in any lawful way.
- c. Commissions due to Agent are based on the first year collected premium amount (except in Washington, where it shall be based on the current premium amount) received by Company. Commission payments (including over-riding commission payments) shall be reduced by commission charge-backs for refunds of premium.
- d. Commissions are payable only when premium payments are current and no late premium payments are due. Agent shall not be entitled to commissions (including over-riding commissions) on premiums which would be owed for any Med Supp Plan but which have been waived by the Company.
- e. If any Med Supp Plan policy lapses for a period exceeding three (3) months and is not subsequently reinstated, there shall be no further obligation upon the Company to pay compensation hereunder for such Med Supp Plans unless said policy is reinstated through the direct efforts of Agent, as determined by the Company.
- f. In a replacement situation, commission is limited to the appropriate Med Supp Plan renewal commission.
- g. In the state of New York, commission for the replacement of a MA Plan can not exceed the appropriate Med Supp Plan renewal commission.
- h. Commissions are not payable on Med Supp Plans sold through intermediary organizations such as employers, unions or other groups.

**AARP Medicare Supplement Plans
Commission Schedule Ages 65+**

States: AK, CO*, HI, IN*, NM, OR, SD

Plans: All Plans except A, K, L

| First Year | |
|------------|-----------|
| Agent | \$ 190.00 |

| Renewal (Years 2-6) | |
|---------------------|-----------|
| Agent | \$ 135.00 |

Plans: A, K, L

| First Year | |
|------------|----------|
| Agent | \$ 95.00 |

| Renewal (Years 2-6) | |
|---------------------|----------|
| Agent | \$ 88.00 |

* CO, IN: Exception for A, K and L will not apply (Commissions same across all Plans)

States: GU, PR, VI

Plans: All Plans except A, K, L

| First Year | |
|------------|-----------|
| Agent | \$ 152.00 |

| Renewal (Years 2-6) | |
|---------------------|-----------|
| Agent | \$ 115.00 |

Plans: A, K, L

| First Year | |
|------------|----------|
| Agent | \$ 76.00 |

| Renewal (Years 2-6) | |
|---------------------|----------|
| Agent | \$ 57.50 |

States: MI, MN, ND, WI, WV

Plans: All Plans except A, K, L, MN Basic Plan, WI Basic Plan

| First Year | |
|------------|-----------|
| Agent | \$ 230.00 |

| Renewal (Years 2-6) | |
|---------------------|-----------|
| Agent | \$ 230.00 |

Plans: Plans A, K, L, MN Basic Plan, WI Basic Plan

| First Year | |
|------------|-----------|
| Agent | \$ 115.00 |

| Renewal (Years 2-6) | |
|---------------------|-----------|
| Agent | \$ 115.00 |

States: WA

Plans: All Plans

| All Years | |
|-----------|------|
| Agent | 8.0% |

CO, IN, ME (Open Enrollment Only), MO, and WI: Under 65 Commissions same as 65+

V. MEDICARE SUPPLEMENT INSURANCE PLANS – AARP BRANDED

The Company will compensate Agent as follows for each individual properly enrolled in an AARP branded Medicare supplement insurance plan (“AARP Branded Med Supp Plan”) which Agent is approved and authorized to market and promote.

The following compensation schedules have been filed for approval with the applicable state regulatory agencies and are subject to state approval. The Company may modify the compensation rates as required for state approval.

**AARP Medicare Supplement Plans
Commission Schedule Ages 65+**

States: AR, CA, NJ, NY
Plans: All Plans except A, K, L

| First Year | |
|------------|-----------|
| Agent | \$ 305.00 |

| Renewal (Years 2-6) | |
|---------------------|-----------|
| Agent | \$ 190.00 |

Plans: A, K, L

| First Year | |
|------------|-----------|
| Agent | \$ 152.50 |

| Renewal (Years 2-6) | |
|---------------------|-----------|
| Agent | \$ 115.00 |

States: AZ, CT, DE, FL, GA, ID, IL, KS, KY, LA, MA, MD, ME, MO, NC, NE, NH, NV, OH, PA, SC, TN, TX*
Plans: All Plans except A, K, L, MA Core Plan

| First Year | |
|------------|-----------|
| Agent | \$ 270.00 |

| Renewal (Years 2-6) | |
|---------------------|-----------|
| Agent | \$ 172.00 |

Plans: A, K, L, MA Core Plan

| First Year | |
|------------|-----------|
| Agent | \$ 135.00 |

| Renewal (Years 2-6) | |
|---------------------|-----------|
| Agent | \$ 107.00 |

* TX Renewal Commission paid for Years 2 to 7

States: AL, DC, IA, MS, MT, OK, RI, UT, VA, VT, WY
Plans: All Plans except A, K, L

| First Year | |
|------------|-----------|
| Agent | \$ 230.00 |

| Renewal (Years 2-6) | |
|---------------------|-----------|
| Agent | \$ 152.50 |

Plans: A, K, L

| First Year | |
|------------|-----------|
| Agent | \$ 115.00 |

| Renewal (Years 2-6) | |
|---------------------|----------|
| Agent | \$ 95.00 |

h. Medicare Supplement Plans Policy and Riders.

Available in Wisconsin (except for non-commissionable counties listed above under PFFS).

| | |
|--------------------------------------|-----|
| Policy Years 1- 6 Age 66+ | |
| Agent | 15% |

| | |
|------------------------------------|----|
| Policy Years 7+ Age 66+ | |
| Agent | 2% |

| | |
|-------------------------------------------|-----|
| Policy Year 1 Age 65 and Under | |
| Agent | 22% |

| | |
|------------------------------------------------|-----|
| Policy Years 2 - 6 Age 65 and Under | |
| Agent | 12% |

| | |
|---------------------------------------------|----|
| Policy Years 7+ Age 65 and Under | |
| Agent | 5% |

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- b. If the Company refunds any premium for any reason, Agent is indebted to the Company for any Agent commissions paid on that premium. Agent shall reimburse the Company for the premiums and commissions within thirty (30) days of the Company's written request. The Company may recover commissions in any lawful way.
- c. Commissions due to Agent are based on the first year collected premium amount (except in Washington, where it shall be based on the current premium amount) received by Company. Commission payments (including over-riding commission payments) shall be reduced by commission charge-backs for refunds of premium.
- d. Commissions are payable only when premium payments are current and no late premium payments are due. Agent shall not be entitled to commissions (including over-riding commissions) on premiums which would be owed for any Med Supp Plan but which have been waived by the Company. If any Med Supp Plan policy lapses for a period exceeding three (3) months and is not subsequently reinstated, there shall be no further obligation upon the Company to pay compensation hereunder for such Med Supp Plans unless said policy is reinstated through the direct efforts of Agent, as determined by the Company.

d. **Medicare Supplement Plans C, F, F+, G and J.**

Available in Indiana.

| Policy Years 1- 6 | |
|--------------------------|-----|
| Agent | 15% |

| Policy Years 7+ | |
|------------------------|----|
| Agent | 0% |

e. **Medicare Supplement Plans C, F, F+ and G.**

Available in Michigan.

| Policy Years 1- 3 | |
|--------------------------|-----|
| Agent | 25% |

| Policy Years 4+ | |
|------------------------|----|
| Agent | 2% |

f. **Medicare Supplement Plans A, B, C, D, F, F+, G and J.**

Available in Pennsylvania.

| Policy Years 1- 6 | |
|--------------------------|-----|
| Agent | 15% |

| Policy Years 7+ | |
|------------------------|----|
| Agent | 2% |

g. **Medicare Supplement Plans C, F, F+, G and J.**

Available in Washington.

| All Policy Years Paid based on the current premium. | |
|---------------------------------------------------------------|----|
| Agent | 8% |

IV. MEDICARE SUPPLEMENT INSURANCE PLANS – NON AARP BRANDED

The Company will compensate Agent as follows for each individual properly enrolled in a non-AARP branded Medicare supplement insurance plan (“Non-AARP Branded Med Supp Plan”) which Agent is approved and authorized to market and promote.

The following compensation schedules have been filed for approval with the applicable state regulatory agencies and are subject to state approval. The Company may modify the compensation rates as required for state approval.

a. **Medicare Supplement Plans C, F, F+, G and J.**

Available in Alabama, Arizona, Colorado, Georgia, Iowa, Illinois, Kansas, Kentucky, Louisiana, Maryland, Missouri, North Carolina, Nevada, Ohio, Oklahoma, Oregon, South Carolina, Tennessee, Texas and West Virginia.

| Policy Years 1- 6 | |
|-------------------|-----|
| Agent | 15% |

| Policy Years 7+ | |
|-----------------|----|
| Agent | 2% |

b. **Medicare Supplement Plans C, F, F+ and G.**

Available in California and Mississippi.

| Policy Years 1- 6 | |
|-------------------|-----|
| Agent | 15% |

| Policy Years 7+ | |
|-----------------|----|
| Agent | 2% |

c. **Medicare Supplement Plans A, B, C, E, F, F+ and G.**

Available in Florida.

| Policy Years 1- 6 Plan A | |
|-----------------------------|----|
| Agent | 4% |

| Policy Years 7+ Plan A | |
|---------------------------|----|
| Agent | 2% |

| Policy Years 1- 6 Plans B, C, F and F+ | |
|-------------------------------------------|-----|
| Agent | 10% |

| Policy Years 7+ Plans B, C, F and F+ | |
|-----------------------------------------|----|
| Agent | 2% |

| Policy Years 1- 6 Plan G | |
|-----------------------------|-----|
| Agent | 15% |

| Policy Years 7+ Plan G | |
|---------------------------|----|
| Agent | 2% |

Non-Commissionable Counties for PFFS Plans

MINNESOTA

BECKER
BLUE EARTH
BROWN
CARLTON
CHIPPEWA
CLAY
CLEARWATER
COTTONWOOD
DOUGLAS
FARIBAULT
FILLMORE
FREEBORN
GRANT
HOUSTON
JACKSON
KANDIYOHI
KITTSOON
LE SUEUR
LINCOLN
LYON
MARTIN
MEEKER
MORRISON
NICOLLET
NOBLES
OTTER TAIL
PENNINGTON
POPE
RED LAKE
REDWOOD
RICE
ROCK
ROSEAU
SHERBURNE
STEARNS
STEELE
SWIFT
TODD
TRAVERSE
WABASHA
WADENA
WASECA
WASHINGTON
WATONWAN
WILKIN
WINONA

WISCONSIN

ASHLAND
BAYFIELD
BURNETT
CHIPPEWA
DOUGLAS
DUNN
EAU CLAIRE
PIERCE
POLK
SAINT CROIX
SAWYER
WASHBURN

III. MEDICARE ADVANTAGE PLANS -- PRIVATE FEE FOR SERVICE PLANS

The Company will compensate Agent as follows for each individual properly enrolled in a Private Fee For Service (PFFS) Plan which Agent is approved and authorized to market and promote for the remainder of the 2007 CMS Contract Year and for the 2008 CMS Contract Year, beginning with 01/01/08 effective enrollments, except that no compensation shall be paid to Agent for individuals residing in any of the “Non-Commissionable Counties” listed below:

One-Time Initial Payment for the Remainder of the 2007 CMS Contract Year and for CMS Contract Year 2008 Beginning with 01/01/2008 Effective Enrollments

Except for individuals residing in the “Non-Commissionable Counties” listed below, a one-time initial payment will be made to Agent for each individual properly enrolled in a PFFS Plan which Agent is approved and authorized to market and promote for the remainder of the 2007 CMS Contract Year and for the 2008 CMS Contract Year, beginning with 01/01/08 effective enrollments. **Such one-time initial payments will not be made if individual is already enrolled in a Company PFFS Plan at the time of enrollment.** Payment will be made in the first commission payment cycle following the entry of a qualifying application into the Company’s enrollment system.

One-Time Initial Payment:

| | |
|---------------------------------------|----------|
| Electronic or Telephonic Enrollments: | \$400.00 |
| Paper Enrollments: | \$360.00 |

Monthly Renewal Fee

Except for individuals residing in the “Non-Commissionable Counties” listed below, beginning with the thirteenth (13th) month of continuous enrollment, a monthly renewal fee will be paid to Agent for each individual properly enrolled in a PFFS Plans for the remainder of the 2007 CMS Contract Year, and for the 2008 CMS Contract Year, beginning with 01/01/08 effective enrollments. **Such renewal fees will not be made if individual was already enrolled in a Company PFFS Plan at the time of enrollment.**

\$5.00 Monthly Renewal

II. MEDICARE ADVANTAGE PLANS – LOCAL MA PLANS AND SNPS

One-Time Initial Payment for CMS Contract Year 2008 beginning with 01/01/08 Effective Enrollments

A one-time initial payment will be made to Agent for each individual properly enrolled in a Local MA Plan/SNP which Agent is approved and authorized to market and promote for the 2008 CMS Contract Year, beginning with 01/01/08 effective enrollments. **Such one-time initial payments will not be made if individual is already enrolled in a Company Local MA Plan/SNP at the time of enrollment.** Payment will be made in the first commission payment cycle following the entry of a qualifying application into the Company's enrollment system.

One-Time Initial Payment for all States except California:

Electronic or Telephonic Enrollments: \$400.00

Paper Enrollments: \$360.00

One-Time Initial Payment for California:

Electronic or Telephonic Enrollments: \$550.00

Paper Enrollments: \$510.00

Monthly Renewal Fee

Beginning with the thirteenth (13th) month of continuous enrollment, a monthly renewal fee will be paid to Agent for each individual properly enrolled in a Local MA Plan/SNP for the 2008 CMS Contract Year. **Such renewal fees will not be made if individual was already enrolled in a Company Local MA Plan/SNP at the time of enrollment.**

\$5.00 Monthly Renewal Fee