

**COMPENSATION/PRODUCT SCHEDULE  
MUTUAL OF OMAHA INSURANCE COMPANY  
MEDICARE SUPPLEMENT**

This Schedule is part of your agreement or contract with Company ("Agreement") and is in effect on the later to occur of: (1) the date this Schedule was first approved by an Authorized Representative, (2) the effective date of your Agreement, or (3) the effective date assigned by Company for the latest approved transmittal sheet, for the Product(s) herein, as submitted by your Master General Agency. In no event does this Schedule apply to persons with Special Agent Contracts. Terms not otherwise defined in this Schedule shall have the meaning set forth in the Agreement.

**A. COMMISSION**

The Company shall use the following rates for policies or certificates issued on applications produced by you or, if applicable, other persons in your down line distribution who submit Product applications that designate you. Your rate for each policy or certificate will be reduced by any rates the Company has assigned to other persons in your down line distribution for such policy or certificate, if any. In no event shall the rate credited to you and your down line distribution for each policy or certificate exceed the rate provided on this Schedule.

- Authorized Affiliated Company: Mutual of Omaha Insurance Company
- Application and Premium Submitted to: Mutual of Omaha Insurance Company
- Commission paid by: Mutual of Omaha Insurance Company

POLICY FORM: M181, M182, M183, M243, M278, M374 and State Equivalents and State Special Plans

<b>Alaska, Hawaii, Montana, Rhode Island, District of Columbia</b>	New Business, Internal & External Replacement					
	Under Age 65	Age 65+				
	All Policy Years	Policy Years				
	All Plans	1 - 6	7 - 10	11+		
Commission Rate	0.0%	22.0%	8.5%	0.0%		
<b>Florida</b>	New Business, Internal & External Replacement					
	Under Age 65	Age 65+				
	All Policy Years	Policy Years				
	All Plans	1 - 6	7 - 10	11+		
Commission Rate	0.0%	15.0%	7.0%	0.0%		
<b>Nebraska</b>	New Business, Internal & External Replacement					
	Under Age 65	Age 65+				
	All Policy Years	Policy Years				
	All Plans	1 - 6	7 - 10	11+		
Commission Rate	0.0%	13.0%	5.0%	0.0%		
<b>Connecticut</b>	New Business, Internal & External Replacement					
	Under Age 65 - Plan A Only*			Age 65+		
	Policy Years			Policy Years		
	All Plans Except G	1 - 6	7 - 10	11+	1 - 6	7 - 10
Commission Rate	7.5%	3.5%	0.0%	15.0%	7.0%	0.0%
*All Other Plans are paid 0% commission to under age 65.						

Connecticut	Under Age 65	Age 65+			
		New Business, Open Enrollment		External Replacement Underwritten New Business	Internal Replacement
		Policy Years		All Policy Years	All Policy Years
Plan G	All Policy Years	1	2+	All Policy Years	All Policy Years
Commission Rate	0.0%	9.0%	4.5%	4.5%	0.0%

Maine	New Business, Internal & External Replacement		
	All Ages		
	Policy Years		
All Plans Except G & J	1 - 6	7 - 10	11+
Commission Rate	22.0%	8.5%	0.0%

Maine	All Ages			
	New Business, Open Enrollment		External Replacement Underwritten New Business	Internal Replacement
	Policy Years		All Policy Years	All Policy Years
Plan G	1	2+	All Policy Years	All Policy Years
Commission Rate	9.0%	4.5%	4.5%	0.0%

Maine	New Business, Internal & External Replacement		
	All Ages		
	Policy Years		
Plan J	1 - 6	7 - 10	11+
Commission Rate	15.0%	7.0%	0.0%

New York	New Business, Internal & External Replacement		
	All Ages		
	Policy Years		
All Plans Except G	1 - 6	7 - 10	11+
Commission Rate	15.0%	7.0%	0.0%

New York	All Ages			
	New Business, Open Enrollment		Internal & External Replacement	
	Policy Years		All Policy Years	
Plan G	1	2+	All Policy Years	
Commission Rate	9.0%	4.5%	4.5%	

Texas	New Business, Internal & External Replacement					
	Under Age 65 - Plan A Only*			Age 65+		
	Policy Years			Policy Years		
All Plans	1 - 7	8 - 10	11+	1 - 7	8 - 10	11+
Commission Rate	11.0%	4.25%	0.0%	22.0%	8.5%	0.0%

\*All Other Plans are paid 0% commission to under age 65.

<b>Vermont</b>	New Business, Internal & External Replacement					
	Under Age 65			Age 65+		
	Policy Years			Policy Years		
All Plans Except D	1 - 6	7 - 10	11+	1 - 6	7 - 10	11+
Commission Rate	7.5%	3.5%	0.0%	15.0%	7.0%	0.0%

<b>Vermont</b>	Under Age 65				Age 65 +			
	New Business, Open Enrollment		External Replacement Underwritten New Business	Internal Replacement	New Business, Open Enrollment		External Replacement Underwritten New Business	Internal Replacement
	Policy Years		All Policy Years	All Policy Years	Policy Years		All Policy Years	All Policy Years
Plan D	1	2+			1	2+		
Commission Rate	4.5%	2.25%	2.25%	0.0%	9.0%	4.5%	4.5%	0.0%

<b>Washington</b>	New Business, Internal & External Replacement	
	Under Age 65	Age 65+
All Plans	All Policy Years	
Commission Rate	0.0%	8.0%

**B. COMMISSION RULES**

1. The commission rate is the rate that is in effect on the application date of the issued policy or certificate.
2. Commission is calculated on the lesser of initial premium or paid premium.
3. Medicare Part B deductible premium is not commissionable except for the State of Washington. Commission is not calculated on premium increases except for the State of Washington.
4. Commission will not be charged back for a policy terminated due to death of the insured.
5. The commission for this Product is vested and may be credited to you after the termination date if (a) the policy or certificate remains in force, (b) the premiums for the policy or certificate are credited to Company, and (c) you are the writing agent and you remain the producer of record.
6. Internal Replacements. Commission will be calculated at 100% of the applicable commission rate when a new Mutual of Omaha Insurance Company Medicare Supplement policy or certificate replaces an existing Mutual of Omaha Insurance Company Medicare Supplement policy or certificate, or an existing Mutual of Omaha Insurance Company Medicare Select policy, or an existing Mutual of Omaha Insurance Company Medicare Supplement Trust policy or certificate, and the producer of record does not change. The commission on the new internal replacement policy or certificate will be calculated based upon the policy or certificate year of the former policy or certificate.
7. Affiliate Company Replacements. Commission will be calculated at 50% of the applicable External Replacement commission rate when a new Mutual of Omaha Insurance Company Medicare Supplement policy or certificate replaces an existing United World Life Insurance Company Medicare Supplement policy, or an existing United World Life Insurance Company Medicare Select policy, or an existing United of Omaha Life Insurance Company Medicare Supplement policy, or an existing United of Omaha Life Insurance Company Medicare Select policy, and the producer of record does not change. The commission on the new Affiliate Company replacement policy will be calculated based upon the policy year of the former policy.
8. Commission will not be calculated on replacements from the Agency distribution to the Brokerage distribution.

\*\*\*\*\* *This Schedule is not valid until executed by an Authorized Representative of the Company* \*\*\*\*\*

9. External Replacements. Commission will be calculated the same as new business unless a state special rule applies.
10. The Company may, from time to time, issue Compensation/Product Schedules with respect to these Products which (a) amend, replace or terminate this Schedule, or (b) identify whether this Product is eligible for bonuses.

**C. GENERAL PROVISIONS**

1. **Products Included.** The provisions and conditions of this Schedule shall apply only to Products specifically identified in this Schedule.
2. **Non-assignment.** You may not assign or pledge as collateral any commission payable under this Schedule. Any attempt to assign commission under this Schedule shall be void.
3. **Administrative Rules.** The Company's administrative rules, practices and procedures may be revised, modified or supplemented by the Company from time to time.
4. **Laws & Regulations.** Commission on the Products set forth above may be adjusted as required by any applicable laws or regulations.

This Compensation/Product Schedule is in addition to any other schedules currently in force or that may come into force in the future, but supersedes any prior Schedules related to commission on the Products listed herein. This Schedule shall remain in effect until changed or terminated by Company.

**MUTUAL OF OMAHA INSURANCE COMPANY**

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Date first approved by an Authorized Representative: \_\_\_\_\_