

**COMPENSATION/PRODUCT SCHEDULE  
MUTUAL OF OMAHA INSURANCE COMPANY  
INDIVIDUAL DENTAL**

This Compensation/Product Schedule (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 Company's Dental product (the "Product"), 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 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 will be reduced by any rates the Company has assigned to other persons in your down line distribution for such policy, if any. In no event shall the rate credited to you and your down line distribution for each policy 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: DNT2, DNT5 and State Equivalents**

<b>National</b>	All Ages		
Policy Year	1	2 - 6	7+
Commission Rate	32.0%	3.0%	0.0%

<b>Nevada</b>	All Ages		
Policy Year	1	2 - 6	7+
Commission Rate	16.0%	1.5%	0.0%

<b>Rhode Island</b>	All Ages		
Policy Year	1	2 - 6	7+
Commission Rate	20.8%	1.95%	0.0%

**B. COMMISSION RULES**

1. Commission rate is the rate that is in effect on the application sign date of the issued policy.
2. Commission is calculated on paid premium.
3. Unearned commission within any policy year will be charged back on any premium refunded to the policyowner.
4. Commission will not be charged back for a policy terminated due to death of the insured.

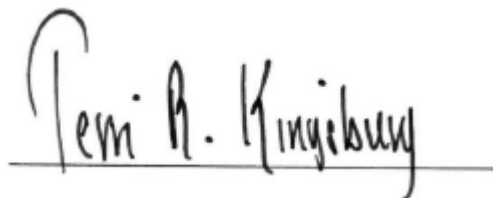
5. Commission for this Product is vested and may be credited to you after the termination date if (a) the policy remains in force, (b) the premiums for the policy are credited to Company, and (c) you are the writing agent and you remain producer of record.
6. Internal Replacements: Company will calculate commission when a new Mutual of Omaha Dental policy replaces an existing Mutual of Omaha Dental policy. Company will calculate the commission on the new internal replacement policy based upon the policy year of the policy currently being replaced.
7. External Replacements: Commission will be calculated the same as new business.
8. The Company may, from time to time, issue schedules with respect to the Product which (a) amend, replace or terminate this Schedule, or (b) identify whether this Product is eligible for bonuses.

### C. GENERAL RULES AND DEFINITIONS

1. **Product Included.** The provisions and conditions of this Schedule shall apply only to the Product specifically identified in this Schedule as permitted by law.
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 Product set forth above may be adjusted as required by any applicable laws or regulations. In no event will Company be obligated to pay any compensation in excess of any applicable state compensation limitations.
5. **Not Confidential Information.** Commission payments payable, paid or provided to you pursuant to this Schedule are not confidential and may be required to be disclosed to customers and/or potential customers. You shall comply with all applicable federal, state and local laws and regulations, including without limitation, those laws requiring disclosure of compensation.

This 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 the commission on Product. This Schedule shall remain in effect until changed or terminated by Company.

#### MUTUAL OF OMAHA INSURANCE COMPANY

A handwritten signature in black ink that reads "Terri R. Kingsbury". The signature is written in a cursive style and is positioned above a horizontal line.

Terri R. Kingsbury, Director Distribution Compensation  
Date first approved by an Authorized Representative: May 1, 2019