

**COMPENSATION/PRODUCT SCHEDULE  
OMAHA SUPPLEMENTAL INSURANCE COMPANY  
MEDICARE SUPPLEMENT**

This Compensation/Product Schedule (this "Schedule") is part of your agreement or contract with Company ("Agreement") and is effective on the later to occur of: (1) the date this Schedule was first approved by an Authorized Representative, (2) the effective date of the Agreement, or (3) the effective date assigned by Company for the latest approved transmittal sheet, for Company's Medicare Supplement 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 Affiliate Company: Omaha Supplemental Insurance Company
- Application and Premium Submitted to: Omaha Supplemental Insurance Company
- Commission paid by: Mutual of Omaha Insurance Company

**POLICY FORM: SM20, SM21, SM22, SM23, SM24, SM25, SM34, SM35, SM36 and State Equivalents and State Special Plans**

Texas	Under Age 65 Plan A Only*				Ages 65 - 80			
All Plans Except Plans High Deductible F & High Deductible G & Plan N	Policy Years				Policy Years			
	1	2 - 7	8 - 10	11+	1	2 - 7	8 - 10	11+
	New Business, Internal & External Replacements <b>(Open Enrollment, Underwritten)</b>							
Commission Rate	11.0%	11.0%	2.5%	0.0%	22.0%	22.0%	5.0%	0.0%
	Affiliate Company Replacements <b>(Open Enrollment, Underwritten)</b>							
Commission Rate	9.9%	9.9%	2.25%	0.0%	19.8%	19.8%	4.5%	0.0%
	New Business, Internal, External & Affiliate Company Replacements <b>(Guaranteed Issue)</b>							
Commission Rate	0.25%	0.625%	0.0%	0.0%	0.5%	1.25%	0.0%	0.0%
	Ages 81+							
	Policy Years							
	1	2 - 7	8 - 10	11+				
	New Business, Internal & External Replacements <b>(Open Enrollment, Underwritten)</b>							
Commission Rate	11.0%	11.0%	2.5%	0.0%				
	Affiliate Company Replacements <b>(Open Enrollment, Underwritten)</b>							
Commission Rate	9.9%	9.9%	2.25%	0.0%				
	New Business, Internal, External & Affiliate Company Replacements <b>(Guaranteed Issue)</b>							
Commission Rate	0.5%	1.25%	0.0%	0.0%				

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

<b>Texas</b>	Under Age 65				Ages 65 - 80			
Plans High Deductible F & High Deductible G & Plan N	Policy Years				Policy Years			
	1	2 - 7	8 - 10	11+	1	2 - 7	8 - 10	11+
	New Business, Internal & External Replacements <b>(Open Enrollment, Underwritten)</b>							
Commission Rate	0.0%	0.0%	0.0%	0.0%	25.75%	25.75%	5.0%	0.0%
	Affiliate Company Replacements <b>(Open Enrollment, Underwritten)</b>							
Commission Rate	0.0%	0.0%	0.0%	0.0%	23.175%	23.175%	4.5%	0.0%
	New Business, Internal, External & Affiliate Company Replacements <b>(Guaranteed Issue)</b>							
Commission Rate	0.0%	0.0%	0.0%	0.0%	0.5%	1.25%	0.0%	0.0%
	Ages 81+							
	Policy Years							
	1	2 - 7	8 - 10	11+				
	New Business, Internal & External Replacements <b>(Open Enrollment, Underwritten)</b>							
Commission Rate	12.875%	12.875%	2.5%	0.0%				
	Affiliate Company Replacements <b>(Open Enrollment, Underwritten)</b>							
Commission Rate	11.5875%	11.5875%	2.25%	0.0%				
	New Business, Internal, External & Affiliate Company Replacements <b>(Guaranteed Issue)</b>							
Commission Rate	0.5%	1.25%	0.0%	0.0%				

## B. COMMISSION RULES

1. Commission rate is the rates that are in effect on the application sign date of the issued policy.
2. The age used to determine the commission rate is the age at the application sign date, except for insured's ages 65 and under, where the age at the policy effective date will be used. For insured's within one month of their 65<sup>th</sup> birthday, age 65 will be used to determine the commission rate.
3. Commission is calculated on the lesser of initial premium or paid premium, less the Part B deductible offset on applicable plans. Medicare Part B deductible premium is not commissionable.
4. Commission is not calculated on premium increases.
5. Unearned commission within any policy year will be charged back on any premium refunded to the policyowner.
6. Commission will not be charged back for a policy terminated due to death of the insured.
7. Commission for the 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 the producer of record.
8. Internal Company Replacements. Company will calculate commission when a new Omaha Supplemental ("Omaha Supp") Medicare Supplement policy replaces an existing Omaha Supp Medicare Supplement policy, or an existing Omaha Supp Medicare Select policy, and the producer of record does not change. Company will calculate the commission on the new internal replacement policy based upon the policy year of the policy currently being replaced.

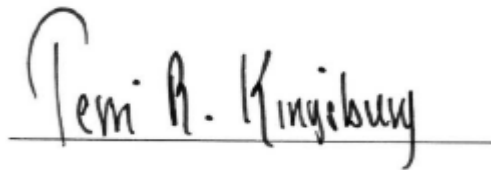
9. Internal Company Replacement of a Policy previously issued as an Affiliate Company Replacement Policy: Company will calculate commission using the applicable "Affiliate Replacement" commission rate based upon the policy year of the policy currently being replaced.
10. Affiliate Company Replacements. Company will calculate commission when a new Medicare Supplement policy issued by Omaha Supp replaces an existing Medicare Supplement policy, Medicare Select policy or Medicare Supplement Trust policy or certificate issued by an affiliate company of Omaha Supp and the producer of record does not change. Company will calculate the commission on the new United World replacement policy starting over at policy year 1.
11. For Internal Company and Affiliate Company replacements, commission will not be calculated or paid when the original producer of record changes.
12. Commission will not be calculated on replacements from the Agency or Direct to Consumer distributions to the Brokerage distribution.
13. 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 the 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.** Company's administrative rules, practices and procedures may be revised, modified or supplemented by 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 commission on the Product. This Schedule shall remain in effect until changed or terminated by Company.

#### OMAHA SUPPLEMENTAL 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: January 1, 2020

