

CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE

SCHEDULE OF COMMISSIONS

This Schedule becomes a part of the Contract between the Agent and Continental Life Insurance Company of Brentwood, Tennessee (CLI), when signed by an officer of the Company. The terms and conditions of the Contract and any supplement thereto are incorporated and made a part of the terms and conditions of this Schedule. This Schedule of Commissions supersedes and replaces any prior dated Schedule of Commissions for applications submitted on or after the Effective Date stated below. The Agent must be licensed and appointed at the time of the policy sale to receive commissions for such sale.

PERCENTAGE OF PREMIUM

Indemnity products underwritten by CLI	Ages	1 st Year & App Fee	2 nd -6 th Yrs	7 th Yr & After
HIS-96-Continental Care hospital confinement	30-79	43%	9%	3%
	80-89	21.5%	9%	3%
HC-96-Home Care hospital confinement, home care, and registered nurse	50-89	50%	9%	3%
HNF-97-Nursing Facility Care Nursing facility confinement, hospital confinement, and registered nurse services	50-79	43%	9%	3%
	80-89	21.5%	9%	3%
CA-FOC-Cancer Plan First Occurrence	18-79	55%	10%	7%

If a policy is changed to a different benefit amount, commissions will be adjusted based on the amount of any change in premium.

If no Effective Date is shown on this Schedule, the Effective Date will be the same as the date shown on the Schedule of Commissions filed in the Home Office Contract file.

Submission of applications after the Effective Date of this Schedule will constitute an acknowledgement and acceptance by the Agent of the compensation payable under this Schedule of Commissions and the Contract.

Effective Date

Continental Life Insurance Company of Brentwood, Tennessee