



SecureHorizons by United Healthcare

APPOINTMENT REQUIREMENTS

Please complete, sign and dates these forms; submit the following items to your Field Marketing Organization (FMO) or Managing General Agent MGA:

1. **Appointment Application**
Completed, signed and dated
Verify all Individual or Corporate information matches
2. **Agent/Agency Agreement**
Signed, dated, SS# or EIN# must match appointment (Indiv or Corp)
3. **Insurance Licenses**
Resident and Non-Resident
4. **EFT Form**
Only if requesting automatic deposit
5. **Proof of E&O**
Check expiration
Must coincide with individual or corporate appointment
Letter from Agency principal is needed is agent is not named on the E&O
6. **W-9**
Must coincide with individual or corporate appointment (SS# or EIN)

Solicitor needs only Appointment Application, Proof of E&O & State Licenses copies (and fees if any are non-resident)

NOTE:

All documentation must be completed **and signed** in order to proceed with the appointment process.

Submit your signed paperwork and all additional requirements to your Managing General Agent... not directly to the Company.

You can mail your completed paperwork to:

Genesis Business Capital, Inc.

Agent Contracting
Parkway Plaza II
Elmsford, New York 10523

Or:

Tel.914-909-2548

Fax 914-909-2549

agentmktg@genesisbusinesscapital.com

Appointment Application

Field Marketing Organization (FMO) Channel
United Healthcare Insurance Company and Affiliates



Type of Request: <input type="checkbox"/> New <input type="checkbox"/> Change		Please Print or Type: All fields must be complete and legible.	
Individual Information (All individual information fields required for all Appointment Applications.)			
Legal Name (As name appears on Individual Resident State in insurance License)			
First:	Middle:	Last:	
Alias/Other Names		Social Security Number	Birth Date
Home Address			
City		State	County Zip
Home Phone		Business Phone	Fax
E-mail Address (required)			
Appointment Type: <input type="checkbox"/> Individual OR <input type="checkbox"/> Corporation		This must match information provided on the Agreement and the W-9.	
Mailing Preference: <input type="checkbox"/> Home OR <input type="checkbox"/> Business		If applying as an individual, but prefer mail be delivered to your business, fill in the Business Address section below.	
If applying as a Corporation , the following information is also required. (You must be a Principal of the Corporation to apply.)			
Corporation Name		Principal	
Corporate Tax ID		Business Phone	
Business Address			
City		State	County Zip
Please list the states for which you are applying for appointment.*		*Must include resident state. *Listing a state does not guarantee appointment for that state. *Must be licensed in each state listed. *All states subject to individual review.	
Resident State		Non-Resident States	
Errors and Omissions Coverage			
AN ACTIVE POLICY DECLARATION PAGE WITH YOUR NAME LISTED AS THE COVERED ENTITY MUST BE ATTACHED.			
Name of Carrier		Expiration Date	
Policy #		\$1,000,000 per occurrence and \$1,000,000 annual aggregate required.	

NOTE: Failure to accurately and honestly answer any of the following questions may result in a declination of your application and appointment with UnitedHealthcare.

If you answer "Yes" to any of these questions, please provide supporting documentation and a brief explanation on a separate sheet of paper.

Criminal Background Information

- 1. Have you ever been convicted of a felony? Yes No
- 2. Have you ever been convicted of a misdemeanor (other than traffic) including an alcohol or drug-related offense?.. Yes No
- 3. Have you had your driver's license revoked within the past three years? Yes No

Department of Insurance and CMS

- 4. Have you ever had your insurance or securities license revoked and/or suspended by any department of insurance (even if later reinstated) for any reason?..... Yes No
- 5. Have you ever had a complaint reported against you (even if dismissed) by a consumer and/or insurance company for any reason with any department of insurance, NASD, or other regulatory reporting agency including CMS?..... Yes No
- 6. Have you ever paid a fine related to a consumer complaint, failure to renew your license or continuing education credit in excess of \$500? Yes No
- 7. Have you ever been excluded, or are you aware of actions that could result in an exclusion, by the Office of Inspector General from participation in a government health care program, including Medicare and Medicaid?..... Yes No

Credit History

- 8. Have you filed for bankruptcy and/or had a bankruptcy discharged within the last five years? Yes No
- 9. Are you, at the present time, or have you been within the past five years, involved in any civil litigation, judgments, liens or foreclosures?..... Yes No
- 10. Are you, at the present time, or have you been within the past five years, reported as delinquent on state or federal taxes?..... Yes No

Other Companies

- 11. Do you owe any insurance company, marketing organization or individual for any premiums collected or monies advanced?..... Yes No
- 12. Have you ever been denied an appointment with any insurance company? Yes No
- 13. Have you ever been terminated for cause by any insurance carrier? Yes No
- 14. Have you been denied a bond or application for errors and omissions (E&O) coverage with any company? Yes No

Other

- 15. Do you have other information related to criminal, insurance-related complaints, credit, etc., that was not covered by these questions that you wish to disclose? Yes No

Conditions and Agreements

I have thoroughly reviewed this application and have answered all questions to the best of my knowledge. By signing below, I hereby attest to all matters set forth above and agree to all matters set forth below.

I hereby agree that if and when any or all of the companies issue to me any Agreement(s) for which I hereby apply, I will be bound by such Agreement(s). I understand that my supervising office has specimen forms of the Agreement(s) on file and I have had the opportunity to review such Agreement(s). Submitting to the Company any application for insurance products, including but not limited to Medicare Advantage and Prescription Drug Plan, shall constitute my agreement to such Agreement(s) and all the terms, conditions and provisions set forth therein.

I acknowledge that by signing this Appointment Application and submitting any such insurance application for Insured Product, I have so agreed to the Agreement(s) and no future signature by me shall be necessary.

Disclosure

I have executed this Appointment Application as evidence of the understanding and acceptance of, and consent to its terms, and I agree that I will not solicit business until I receive notification from the Company that this acknowledgement has been approved and I have satisfied all of the certification requirements for the products I intend to sell.

I understand that as part of its approval process, the Company may obtain an investigative consumer report which will confirm information regarding my character, general reputation, credit history, personal characteristics and mode of living. I hereby authorize the Company to obtain such a report.

Applicant's Signature

Date



**Please return all documents to your
Field Marketing Organization (FMO) Recruiter
for submission to UnitedHealthcare.**

Electronic Fund Transfer

SecureHorizons will deposit your check directly to your bank account. We make the deposit according to the current Commission Deposit Schedule. Below is an authorization form so that you may sign up for this service. Just complete the form and mail it back with your appointment paperwork.

Fund Transfer Authorization

I (We) do hereby authorize the deposit of all commission payments due me (us) to my (our) checking account indicated below and the Depository Financial Institution named below to credit the payment(s) to such account by SecureHorizons.

Account Number

Financial Institution Name

City

State

I (We) reserve the right to revoke and cancel this authorization. Such revocation and cancellation to take effect upon written notice received at the office of SecureHorizons with reasonable time to act on such notice.

Agent Signature

Agent Number (if known)

Date



John Doe
123 w. Main St.
Anytown, USA 12345

DATE _____

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ATTACH A BLANK VOIDED CHECK HERE
(Deposit slips are NOT acceptable)

PAY TO THE ORDER OF _____ DOLLARS

YOUR BANK
ANYTOWN, USA

FOR _____

101010011 05510051151 101

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules regarding partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.socialsecurity.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules regarding partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

March 20, 2009

Re: Amendment to Agent Agreement

Dear Agent:

This “Letter Amendment” will amend your United Health Care Insurance Company Agent Agreement (the “Agreement”) as follows:

1. The Agreement is hereby amended to remove, in their entirety, the provisions and commission schedules under Article I, entitled “PDP Plan Compensation,” Article II, entitled “Local MA Plans and SNPs Compensation,” and Article III, entitled “PFFS Plans Compensation” of Exhibit A of the Agreement (Agent Compensation Schedule), and replace them with the new provisions and commission schedules attached hereto as Exhibit 1.
2. The definition of “Medicare Laws and Regulations” in Section 1.8 of the Agreement is hereby amended to specifically add and include the following: (i) The Medicare Improvements for Patients and Providers Act of 2008 (“MIPPA”); (ii) the revised regulations governing the Medicare Advantage (MA) program (Part C) and prescription drug benefit program (Part D) adopted by CMS effective September 18, 2008; (iii) the guidance regarding the foregoing issued by CMS on September 15, 2008, September 26, 2008, October 8, 2008, and November 10, 2008; and (iv) any subsequent guidance regarding the foregoing that may be issued by CMS.
3. Section 2.2 (f) (viii) is hereby added to the Agreement as follow: “Without limiting the above, Agent shall follow Medicare Laws and Regulations and Company policies and procedures regarding contacts with Medicare beneficiaries and use of the Company’s Sales Appointment Confirmation Form in connection with marketing appointments.”
4. The definition of “Marketing Guidelines” in Section 2.11 of the Agreement is hereby amended to specifically add and include the guidance issued by CMS on September 15, 2008, September 26, 2008, October 8, 2008 and November 10, 2008 which updates and supplements CMS’s Medicare Marketing Guidelines, as well as any subsequent guidance regarding the same that may be issued by CMS.
5. Section 3.1 (b) of the Agreement is hereby removed in its entirety, and replaced with the following:

“The Company shall establish the compensation payable as specified on the Agent Compensation Schedule, in accordance with the following:

- i. MA Plan and PPD Plan Compensation for New and Renewal Enrollments Effective On or After January 1, 2009. In accordance with Medicare Laws and Regulations, the Company shall establish one or more MA Plan compensation structures and one or more PDP Plan compensation structures for new and renewal enrollments effective for each plan year beginning with new and renewal enrollments effective on January 1, 2009 (the “Annual Commission Schedule”). The Annual Commission Schedule shall be in place by the beginning of the MA Plan and PDP Plan marketing period for each plan year or such other date as may be established by CMS. The Annual Commission Schedule shall be subject to review by CMS and subject to modification at any time based upon CMS’s review. The Company shall furnish Agent with written notice of the Annual Commission Schedule for each plan year in the form of an amendment to the Agent Compensation Schedule. The

Annual Commission Schedule shall become a part of this Agreement, and shall apply to all new enrollments and all renewal enrollments for the plan year.

1. New Enrollments. In accordance with Medicare Laws and Regulations, Agent shall be compensated for new enrollments during the plan year at the “Initial Year” rate specified in the Annual Commission Schedule for the plan year and thereafter at the “Renewal Year 1-5” rate specified in the Annual Commission Schedule for the plan year for a maximum of five renewal years, provided that the individual remains enrolled as a Member in a Company MA Plan or a Company PDP Plan, as applicable, throughout each renewal year.
 2. Renewal Enrollments. In accordance with Medicare Laws and Regulations, Agent shall be compensated for renewal enrollments during the plan year at the “Renewal Year 1-5” rate specified in the Annual Commission Schedule for the maximum number of renewal years specified by CMS, provided that the individual remains enrolled as a Member in a Company MA Plan or a Company PDP Plan, as applicable, throughout each renewal year.
 3. CMS Requirements for Plan Year 2009. Notwithstanding the above, in accordance with Medicare laws and Regulations, the Company shall initially compensate Agent for all enrollments during the 2009 plan year at the “Renewal Year 1-5” rate specified in the Annual Commission Schedule for 2009 (attached hereto as Exhibit 1). Thereafter, if the Company identifies that the individual is in an Initial Coverage Election Period (ICEP) for MA Plans or in an Initial Enrollment Period (IEP) for PDP Plans or if CMS identifies that the individual is in an ICEP or IEP, or is new to the MA Program or the PDP Program, as applicable, the Company will adjust the compensation paid for these individuals from the “Renewal Year 1-5” rate to the “Initial Year” rate specified in the Annual Commission Schedule for 2009.
- ii. MA Plan and PDP Plan Compensation for Members with Effective Dates before January 1, 2009. For each Member enrolled in a Company MA Plan or a Company PDP Plan with an effective date before January 1, 2009 (“Existing Member”), the Company shall pay Agent the “Renewal Year 1-5” rate specified on the Annual Commission Schedule for 2009 as the renewal fee due to Agent for such Existing Member under the Agreement for CMS Contract Year 2009. Thereafter, on an annual basis, the Company shall establish the renewal fee, if any, to be paid to Agent for each Existing Member who continues to be enrolled in a Company MA Plan or a Company PDP Plan.
 - iii. Changes to Other Product Compensation. For all Products subject to this Agreement other than MA Plans and PDP Plans, the Company may, at any time, increase or decrease the compensation payable as specified on the Agent Compensation Schedule, and may set the compensation payable on any or all additional products which are added to the Agent Compensation Schedule by furnishing to Agent written notice. Notwithstanding the foregoing, any change in the compensation payable for Products other than MA Plans and PDP Plans shall not be retroactive, and shall apply only to business solicited or arranged by Agent on or after the effective date specified in the written notice or revised compensation schedule, which effective date shall be at least thirty (30) days after the date on which such written notice or revised compensation schedule is furnished to Agent or such shorter period as may be required under applicable law.

6. Section 3.1 (e) (iii), (iv) and (v) are hereby added to the Agreement, as follows:
- iii. Deductions for Disenrollment after “Rapid Disenrollment” Period. Agent acknowledges and agrees that compensation for each year of enrollment in an MA Plan or PDP Plan is earned in the fourth (4th) through twelfth (12th) calendar months of such year. If a Member disenrolls from an MA Plan or PDP Plan during the fourth (4th) through twelfth (12th) calendar months of such year, and the Company has paid any compensation to Agent for such Member, Agent shall refund the portion of such compensation which has not been earned by Agent. The Company may deduct the portion of such compensation which has not been earned by Agent from amounts otherwise owed by the Company to Agent and shall provide Agent with information supporting the amount of any such deductions taken pursuant to this provision. In calculating the amount of such refunds or deductions, the Company shall follow CMS requirements and guidance relating to charge backs for disenrollment of Members during the plan year. This provision shall survive termination of the Agreement.
 - iv. Deductions for Fines and Penalties. Agent acknowledges and agrees that Agent is responsible for any and all regulatory fines or penalties that may be imposed upon the Company as a result of the actions of Agent, and if any such fines or penalties are imposed upon the Company, Agent shall reimburse the Company for the full amount of such fines and penalties immediately upon notice from the Company. The Company may deduct the full amount of such fines and penalties from amounts otherwise owed by the Company to Agent and shall provide Agent with information supporting the amount of any such deductions taken pursuant to this provision. This provision shall survive termination of the Agreement.
 - v. Deductions for Non-Compliant Marketing Practices. Agent acknowledges and agrees that Agent is responsible for Agent’s compliance with all Medicare Laws and Regulations relating to marketing of MA Plans and PDP Plans (including the Marketing Guidelines), and if the Company determines, in its sole discretion, that Agent did not comply with such Medicare Laws and Regulations in connection with the sale of an MA Plan or PDP Plan to an individual Member, the Company may, in its sole discretion, take any and all measures permitted by laws and regulations including termination of this Agreement. This provision shall survive termination of the Agreement.
7. The Agreement is hereby amended to remove, in its entirety, the list of affiliates under Section VII of Exhibit A of the Agreement, entitled “List of Affiliates”, and replace it with the new list of affiliates attached hereto as Exhibit 2.
8. The amendments set forth in this Letter Amendment are for compliance with Medicare Laws and Regulations and are effective October 1, 2008. In the event that Agent does not agree to the amendments set forth in this Letter Agreement, Agent must notify the Company that Agent is terminating the Agreement within thirty (30) days following the date of this Letter Amendment, in which case the Agreement shall be immediately terminated. Notwithstanding such termination, Agent shall be responsible for compliance with all Medicare Laws and Regulations while this Agreement remains in effect.

9. The terms and conditions set forth in the Agreement, as amended and modified by this Letter Agreement, shall continue in full force and effect. In the event there is any inconsistency or conflict between the provisions in this Letter Amendment and those in the Agreement, the provisions in this Letter Amendment will supersede and control. Unless otherwise defined in this Letter Amendment, all capitalized terms contained in this Letter Amendment shall be defined as set forth in the Agreement.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark A. Phillips", with a long horizontal flourish extending to the right.

Mark A. Phillips
Chief Sales and Distribution Officer, Ovations

**UNITED HEALTHCARE INSURANCE COMPANY
AGENT AGREEMENT**

This AGENT AGREEMENT (this “Agreement”) is made and entered into this ____ day of _____, 20____, by and between United HealthCare Insurance Company, (“United”), on behalf of itself and its Affiliates (collectively, the “Company”) and _____ (“Agent”).

A. United and certain of its Affiliates offer Medicare Advantage Plans (“MA Plans”), stand-alone prescription drug plans (“PDP Plans”), Medicare supplement insurance plans (“Med Supp Plans”) and other health plans and products as may be designated by the Company (collectively, the “Products”).

B. FMO or General Agent has recommended Agent for appointment by the Company to market and promote the Products.

NOW, THEREFORE, in consideration of the mutual covenants in this Agreement, it is agreed as follows:

**ARTICLE ONE
DEFINITIONS**

1.1 **Affiliate** is any entity which directly or indirectly, through one or more intermediaries, owns or controls, is controlled or owned by or is under common ownership or control with United, and offers one or more of the Products. Affiliates offering the Products shall be specified in the Agent Compensation Schedule attached hereto and incorporated herein as **Exhibit A** to this Agreement.

1.2 **CMS** is the Centers for Medicare & Medicaid Services.

1.3 **CMS Contract** is the contract entered into by CMS and the Company pursuant to which the Company offers the MA Plans and PDP Plans in a specified service area or region.

1.4 **Field Marketing Organization (FMO)** is an independent contractor, who or which has entered into a contract with Company for the marketing and promotion of the Products and has directly or indirectly through a General Agent recommended Agent for appointment by the Company to market and promote the Products.

1.5 **General Agent** is an appropriately licensed, independent contractor, appointed by the Company, free to exercise his or its own judgment as to the time and manner of performing services pursuant to an agreement between the General Agent and the Company and authorized to recommend another agent for appointment as a General Agent, Agent or Solicitor Agent. A General Agent can be categorized in any one of three levels, General Agent (GA), Super General Agent (SGA) or Master General Agent (MGA) as set forth in the Relationship Hierarchy attached hereto and incorporated herein as **Exhibit B**. For clarification, an SGA can recommend an MGA, GA, Agent and Solicitor; and an MGA can recommend a GA, Agent, and Solicitor.

1.6 **MA Plan** is any Medicare Advantage Plan that may now or in the future be offered to individual Medicare beneficiaries by the Company and subject to this Agreement, including, but not limited to, Local HMO and PPO Plans (“Local MA Plans”), Special Needs Plans (“SNPs”), Regional Preferred Provider Plans, and Private Fee for Service Plans (“PFFS Plans”). The definition of MA Plan includes MA Plans which include prescription drug plan benefits (“MA-PD Plans”).

1.7 **Med Supp Plan** is a Medicare supplement insurance product authorized under applicable federal and state laws and regulations that may now or in the future be offered to individual beneficiaries by the Company.

1.8 **Medicare Laws and Regulations** are (i) the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (the “MMA”); (ii) Part C and Part D of Title XVIII of the Social Security Act and all rules and regulations related thereto that are from time to time adopted by CMS; (iii) all administrative guidelines (including Marketing Guidelines), bulletins, manuals, instructions, requirements, policies, standards or directives from time to time adopted or issued by CMS or the Department of Health and Human Services (“HHS”) relating to any of the foregoing; and (iv) any laws and regulations enacted, adopted, promulgated, applied, followed or imposed by any governmental authority or court in respect of Medicare or any successor federal governmental program, as any of the preceding Medicare Laws and Regulations from time to time may be amended, modified, revised or replaced, or interpreted by any governmental authority or court.

1.9 **Member** is an eligible individual who has been enrolled by the Company in one of the Products.

1.10 **PDP Plan** is any stand-alone Medicare Part D Prescription Drug Plan that may now or in the future be offered to individual Medicare beneficiaries by the Company and subject to this Agreement..

1.11 **Product** means MA Plan, PDP Plan, Med Supp Plan and any other health plans and products as may be designated by the Company. Products are specifically set forth in the Agent Compensation Schedule attached hereto and incorporated herein as **Exhibit A**.

1.13 **Solicitor Agent** is an appropriately licensed captive agent employed by or independently contracted with FMO, General Agent or Agent appointed by the Company, and is free to exercise his or its own judgment as to the time and manner of performing services pursuant to a direct or indirect agreement between the Solicitor Agent and the FMO, General Agent or Agent. Company shall under no circumstance be responsible for compensating Solicitor Agents.

ARTICLE TWO APPOINTMENT, DUTIES AND LIMITATIONS ON AUTHORITY

2.1 **Appointment.** Subject to the terms and conditions of this Agreement, the Company hereby appoints Agent for all new business sales to solicit applications for Products either directly or, if applicable, through its Solicitor Agent(s) who are designated to the Company in writing by Agent and appointed by the Company. Agent hereby accepts such appointment. Agent acknowledges and agrees that the authorization and appointment as set forth in this Agreement is limited to the service areas as the Company may designate in writing from time to time or may otherwise make such list of service areas available to, and accessible by, Agent. The service area is specifically set forth in the Agent Compensation Schedule attached hereto and incorporated herein as **Exhibit A**. The Company may add, modify or delete any such service areas in the Company’s sole discretion upon thirty (30) days prior written notice to Agent, or such shorter period as may be required under applicable law.

2.2 **Duties of Agent.** Agent shall:

a. Before promoting or marketing the Products and on an annual basis thereafter, attend all training required by the Company and be certified by the Company as having completed all training required by the Company, it being specifically acknowledged and agreed by Agent that no compensation shall be paid under this Agreement unless such training has been completed and such certification is received prior to the policy being written. Agent shall promote to each prospective Member only those Products for which the prospective Member is qualified to enroll and which Agent in good faith believes meets the needs of the prospective Member;

b. Upon recommendation of FMO or General Agent, be appointed by the Company with the applicable state regulatory agency before promoting and marketing the Products in the state(s) covered by this Agreement;

c. Notify the Company, and upon recommendation of FMO or General Agent, be appointed by the Company with the applicable state regulatory agency before promoting and marketing the Products in any additional state(s) covered by this Agreement;

d. Hold and maintain, in good standing, any license, certification or registration (collectively, "license") required to perform Agent's duties under this Agreement in each state where Agent promotes and markets the Products, and immediately notify the Company of (i) any expiration, termination, suspension, or other action affecting such license, and (ii) any disciplinary proceedings against Agent or against any of Agent's principals, partners, shareholders, directors, officers or employees relating to any license issued to any such person by a regulatory authority. All state licensures and state license fees are the responsibility of Agent and not the Company;

e. In coordination with FMO or General Agent, promote the Products and solicit and procure applications from interested and eligible beneficiaries using the Company's designated marketing materials and application forms, including, without limitation, the collection of information designated by the Company and CMS to process enrollments and the transmission of enrollment information to the Company in a manner specified by the Company (for example, utilizing an Internet-based enrollment facility, via electronic file transmission or via facsimile transmission) and in compliance with standards and requirements that may be established by the Company;

f. Strictly comply with the Company's policies and procedures relating to promoting and marketing the Products to eligible beneficiaries, including the following:

- i. Agent will complete all training required by the Company for the promotion and marketing of the Products and read all Marketing Guidelines (as defined in Section 2.4 of this Agreement), and will comply with all policies therein;
- ii. Agent shall not make representations with respect to the nature or scope of the benefits of enrollment in the Products except in conformity with the written guidelines and marketing materials furnished by the Company to Agent for that purpose. These written guidelines specifically include, but are not limited to, (i) CMS's Medicare Marketing Guidelines For Medicare Advantage Plans, Prescription Drug Plans and 1876 Cost Plans and any and all updates, revisions and additions thereto and (ii) such other written guidelines and marketing materials that may be issued by CMS and/or established by the Company and furnished to Agent (collectively, the "Marketing Guidelines"). By entering into this Agreement, Agent is acknowledging it has received, read and understands the Marketing Guidelines;
- iii. Agent shall have no authority to, and will not purport to, make any oral or written alteration, modification, or waiver of any of the terms or conditions applicable to enrollment in the Products;
- iv. Agent shall make all disclosures to eligible Medicare beneficiaries in accordance with the Marketing Guidelines, including the following: (i) If Agent is meeting with a Medicare beneficiary, Agent shall clearly identify to the Medicare beneficiary that Agent will be discussing the Company's MA Plans and/or PDP Plans, before Agent markets to the Medicare beneficiary; and (ii) Agent shall, prior to the enrollment or at the time of enrollment, make the following disclosure in writing to the Medicare beneficiary: "The person that is discussing plan options with you is contracted with <plan name, as provided by Company>. The person is compensated based upon your enrollment in a plan.";
- v. Agent shall make no payments or gifts in violation of Medicare Laws and Regulations and applicable federal and state laws and regulations to any eligible beneficiaries or any Members;
- vi. Agent shall be subject to, and cooperate with, the "Sales Training Incident" program established by the Company;

- vii. Agent shall ensure that all information on Agent's solicited applications is completely filled in by the eligible beneficiary applicant or by Agent in the applicant's presence or by the applicant's legal representative in his or her presence;
- g. Maintain proper records and accounts of all transactions pertaining to this Agreement, make such records and accounts available to the Company or its representatives during normal business hours upon seven (7) business days prior notice; and turn such records over to the Company immediately upon termination of this Agreement, provided that Agent may retain copies of such records for its files;
- h. Maintain and make available for inspection complete books and records of all transactions pertaining to this Agreement, as required by Medicare Laws and Regulations and as set forth in the Medicare Regulatory Addendum attached to this Agreement as **Exhibit C** and incorporated herein, and as may otherwise be required under state insurance laws and regulations or by any governmental entity or regulatory agency;
- i. Generally endeavor to promote the interests of the Company as contemplated by this Agreement; and conduct itself so as not to affect adversely the business or reputation of itself or the Company;
- j. As applicable, inform prospective Members how premium payments for the Products are to be made, as prescribed by the Company and consistent with CMS requirements and applicable state and federal laws;
- k. As applicable, hold any check or monies received by Agent for or on behalf of the Company in a fiduciary capacity and keep such funds segregated from Agent's assets, it being specifically agreed that any such funds shall be deposited to a trust account in a state or federal bank authorized to do business in the state where the deposit is made and insured by an appropriate federal insuring agency no later than one (1) business day after receipt of such funds, and shall be transmitted to the Company within five (5) business days; provided, that to the extent applicable laws and regulations provide for more stringent requirements relating to receipt, handling or transmission of funds, Agent shall comply with the more stringent requirements;
- l. Timely pay to the Company all monies which may be or become due to it by reason of advances or loans or overpayments to Agent or otherwise;
- m. Follow and be governed by the terms and conditions of this Agreement and conform to the policies, procedures, rules and regulations of the Company now or hereafter to become in force, which policies, procedures, rules and regulations shall constitute a part of this Agreement.
- n. Use best efforts to keep Members enrolled in the Products by providing prompt service to Members;
- o. Promptly report to the Company any complaints or inquiries of which it becomes aware (and the facts relevant thereto) to or from any governmental authority regarding Agent or the Company; and fully cooperate with, promptly respond to any requests for information from, and provide assistance to the Company and the Company's designees, as reasonably requested by the Company, on any complaints or inquiries received relating to Agent or the Company;
- p. Adhere to the Relationship Hierarchy attached hereto as **Exhibit B** and incorporated herein;
- q. Comply with the Medicare Regulatory Addendum attached hereto as **Exhibit C** and incorporated herein;
- r. Comply with the HIPAA Business Associate Addendum attached hereto as **Exhibit D** and incorporated herein;
- s. Comply with and meet the performance requirements which the Company may establish from time to time; it being acknowledged and agreed by Agent that failure to comply with and meet such performance requirements may result in termination of this Agreement;

- t. Comply with any and all requests made by FMO and General Agent on behalf of the Company;
- u. Use only the individually identifiable writing number assigned to Agent by the Company on applicable documents;
- v. If authorized by the Company to promote and market any Products which are AARP branded, comply with the Branded Products Addendum attached hereto as **Exhibit E** and incorporated herein; and
- w. To the extent that Agent, directly or indirectly, has any arrangements with any subcontractors to perform any services in connection with this Agreement, ensure that any such subcontractors perform in compliance with the terms and conditions of this Agreement. If a subcontractor is performing services in a manner which is not in compliance with the terms and conditions of this Agreement, or upon the Company's request, Agent shall terminate any relationship with any such subcontractor.

2.3 **Limitations on Authority**. Notwithstanding any other provision in this Agreement, Agent has no authority to nor shall it represent itself as having such authority to nor shall it do any of the following:

- a. Hold itself out as an employee, partner, joint venture or associate of the Company;
- b. Hold itself out as an agent of the Company in any manner, or for any purpose, except as specified in this Agreement;
- c. Alter, modify, waive or change any of the terms, rates or conditions of any advertisements or other promotional literature, receipts, policies or contracts of the Company in any respect;
- d. Insert any advertising in respect to the Company or the Products in any publication whatsoever, distribute any promotional literature or other information in any media, or use the logo/service marks of the Company without prior written authority of the Company;
- e. Collect, or authorize any other person to collect, any premiums or payments on behalf of the Company whatsoever, except the initial premium if authorized by the Company;
- f. Bind the Company on any application for any Product, it being expressly understood that all applications must be approved by the Company and/or CMS;
- g. Incur any indebtedness or liability, make, alter, or discharge contracts, waive or forfeit any of the Company's rights, requirements or conditions under the Products, extend the time of payment of any premium, or waive payment in cash on behalf of the Company;
- h. Transfer or sell the business of the Agent created by this Agreement without the Company's prior written consent which shall not be unreasonably withheld, it being acknowledged and agreed by Agent that such business belongs exclusively to the Company;
- i. Except as may be otherwise permitted by prior approval of the Company, deduct any payments due Agent from premiums or payments collected on behalf of the Company;
- j. Except with prior approval of the Company, be contracted or otherwise affiliated with more than one FMO or General Agent (or Agent, in the case of a Solicitor Agent), as the case may be, at any given time in the service area designated by the Company to such FMO, General Agent or Agent. In the event that Agent wishes to contract or otherwise affiliate with a different FMO or General Agent (or Agent, in the case of a Solicitor Agent), Agent may do so only in accordance with Company rules and regulations and such additional terms and conditions as the Company may specify; or
- k. Knowingly permit any party to inappropriately use the individually identifiable writing number issued to Agent by the Company on applications solicited by such party.

2.4 **Duties of the Company.** The Company shall furnish to Agent the marketing and enrollment materials for marketing and promotion of the Products. Agent specifically acknowledges that marketing and enrollment materials must be approved by CMS and the Company and that the enrollment of Members into MA Plans and PDP Plans is governed by Medicare Laws and Regulations. Agent further acknowledges that marketing and enrollment materials for Med Supp Plans and other health plans and products which are subject to state regulations must be approved by applicable state regulatory agencies and are governed by state laws and regulations.

2.5 **Company's Right to Modify Products and Service Area.** Subject to Medicare Laws and Regulations and applicable federal and state laws and regulations, the Company may, in its discretion, discontinue or modify any of the Products. Company may, in its sole discretion, limit which Products Agent is authorized to solicit applications for on the Company's behalf. Company may, in its sole discretion, add, discontinue or modify any of the service areas in which Agent is authorized to solicit applications for any Products upon thirty (30) days prior written notice to Agent, or such shorter period as may be required under applicable law.

2.6 **Relationship of Parties.** Agent is an independent contractor and nothing contained in this Agreement shall be construed to create an employer and employee relationship between the Company and Agent. The Company shall not be bound or liable for any actions taken or representations made by Agent beyond the scope or in violation of this Agreement. Agent shall be responsible for all taxes on compensation earned by it under this Agreement. Agent shall be responsible for providing any and all insurance coverages it is required to provide for itself, or for any of its employees, by law. Except as provided in this Agreement, Company does not control the time, place or manner of Agent's activities. Each party shall be solely responsible for and shall hold the other party harmless against any obligation for payment of wages, salaries, other compensation (including all state, federal, and local taxes and mandatory employee benefits) or insurance and voluntary employment-related or other contractual or fringe benefits as may be due and payable by the party to or on behalf of such party's employees and other contractors. Neither party shall use the trademarks or tradenames of the other party except as specifically contemplated by this Agreement. Agent shall not advertise using the name of Company without the express written approval of Company.

2.7 **Litigation.** Agent shall not initiate litigation in any dispute between Agent and any prospective or existing Member without the prior written consent of the Company, which consent may be withheld by the Company for any or no reason. If any legal action is brought against either party hereto, or against both parties jointly, by reason of any alleged act, fault or failure of Agent in connection with its activities hereunder, the Company may require Agent to defend such action, or, at its sole option, the Company may defend such action and expend such sums as may be reasonable therefor, including reasonable attorneys' fees, and Agent shall be chargeable therewith as well as with any amounts which may be recovered against the Company by judgment, settlement or otherwise in any such action, which amount Agent shall pay to the Company on demand.

2.8 **Indemnification.** Agent shall defend, indemnify and hold the Company harmless from and against any and all injuries, claims, demands, liabilities, suits at law or in equity or judgments of any nature whatsoever which the Company, its employees, representatives or third parties may sustain or incur by reason of any act, neglect or default of Agent in connection with the performance of this Agreement or the timely and accurate payment of commissions, fees or other compensation to Agent by FMO or General Agent. Agent shall indemnify and hold the Company harmless from and against any and all damages, claims, demands or liabilities which Agent or a third party may incur as a result of the installation and use of any software provided by the Company to Agent in connection with its activities under this Agreement.

2.9 **Non-Solicitation.** During the term of this Agreement and for a period of one year following the later of (a) the effective date of termination of this Agreement; or (b) the last day in the month in which the Company pays any renewal fees, Agent shall not, directly or indirectly, other than in performance of its obligations hereunder, (i) solicit any business from a Member of the Company in a manner that is in violation of Medicare Laws and Regulations, including the prohibition on steerage and "cherry picking", or in violation of any other applicable state or federal laws and regulations; or (ii) knowingly employ or engage or offer to employ or engage any person who is then (or was at

any time within one year prior to the time of such employment, engagement or offer) an employee, sales representative or agent of the Company, unless mutually agreed to by the parties.

2.10 **Solicitor Agents**. If Agent engages or employs any Solicitor Agents, Agent shall ensure that all duties, obligations, and limitations on authority applicable to Agent in this Agreement are held enforceable against such Solicitor Agents. Agent must immediately notify the Company of the termination of the engagement or employment of any of its Solicitor Agents.

2.11 **Promoting the Products in Compliance with Medicare Marketing Guidelines and Applicable Laws and Regulations**. Notwithstanding any other provision in this Agreement, Agent agrees, on behalf of itself and its employees, agents and contractors, if any, to strictly comply with the Company's policies and procedures and all applicable federal and state laws, rules and regulations (including, but not limited to, anti-kickback statutes, false claims acts and fraud and abuse statutes) relating to promoting the Products to Members. Agent will complete the training required by the Company for the promotion and marketing of the Products and read all Marketing Guidelines (as defined below), and will comply with all policies therein. Agent shall not make representations with respect to the nature or scope of the benefits of enrollment in the Products except in conformity with the written guidelines and marketing materials furnished by the Company to Agent for that purpose. These written guidelines specifically include, but are not limited to, (i) CMS's Medicare Marketing Guidelines For Medicare Advantage Plans, Prescription Drug Plans and 1876 Cost Plans and any and all updates, revisions and additions thereto and (ii) such other written guidelines and marketing materials that may be issued by CMS or other applicable regulatory agencies or otherwise be established by the Company and furnished to Agent (collectively, the "Marketing Guidelines"). By entering into this Agreement, Agent is acknowledging it has received, read and understands the Marketing Guidelines. Agent shall have no authority to, and will not purport to, make any oral or written alteration, modification or waiver of any of the terms or conditions applicable to enrollment in the Products. Agent shall make all disclosures to eligible Medicare beneficiaries in accordance with the Marketing Guidelines, including the following: (i) if Agent is meeting with a Medicare beneficiary, Agent shall clearly identify to the Medicare beneficiary that Agent will be discussing the Company's MA Plans and/or PDP Plans before Agent markets to the Medicare beneficiary, (ii) Agent shall, prior to the enrollment or at the time of enrollment, make the following disclosure in writing to the Medicare beneficiary: "The person that is discussing plan options with you is contracted with <plan name, as provided by Company>. The person is compensated based upon your enrollment in a plan" and (iii) if Agent makes any presentation regarding the Company's PFFS Plans, Agent shall strictly comply with the Company and CMS requirements specifically relating to PFFS Plans. Agent shall make no payments or gifts of any kind to any eligible Medicare beneficiaries or any Members. Agent shall be subject to, and cooperate with, the "Sales Training Incident" program established by the Company.

ARTICLE THREE COMPENSATION WHILE AGREEMENT IS IN EFFECT

3.1 **Compensation to Agent**. Except as set forth in Sections 3.2 and 3.3 below, the Company will pay Agent the compensation in accordance with the Agent Compensation Schedule attached as **Exhibit A**, and Agent agrees that following terms and conditions shall apply:

a. Agent shall receive compensation only on business submitted to the Company directly by the Agent or through the FMO or General Agent. Agent shall accept the compensation as set forth on the Agent Commission Schedule as compensation in full for all services performed and for all expenses incurred by Agent for the promotion and sale of the Products. In all cases where Agent's claim to compensation is disputed or is otherwise questionable, the Company shall have the right, in its sole and absolute discretion, to decide and settle the dispute. The decision of the Company shall be final, binding, conclusive and not subject to appeal.

b. The Company may, at any time, increase or decrease the compensation payable as specified on the Agent Commission Schedule, and may set the compensation payable on any or all additional products which are added to the Agreement by furnishing to Agent written notice. Notwithstanding the foregoing, any change in the compensation payable shall not be retroactive, and shall apply only to products sold by Agent on or after the effective

date specified in the written notice, which effective date shall be at least thirty (30) days after the date on which such written notice is furnished to Agent.

c. All compensation due to Agent under this Agreement shall be based on the enrollment of Members in a Product, as determined by CMS and/or the Company, as the case may be.

- i. Deductions for Non-Enrollment. If the Company, in its sole discretion, elects to pay any compensation to Agent prior to receiving CMS confirmation of the enrollment of a Member and CMS does not, in fact, enroll the individual, Agent shall promptly refund such compensation paid to Agent and attributable to such individual. The Company may deduct such compensation from amounts otherwise owed by the Company to Agent.
- ii. Deductions for Rapid Disenrollment. If a Member voluntarily disenrolls from an MA Plan or PDP Plan within ninety (90) days of enrollment, and the Company has paid any compensation to Agent for such Member, Agent shall refund such compensation paid to Agent and attributable to such Member. The Company may deduct such compensation from amounts otherwise owed by the Company to Agent and shall provide Agent with information supporting the amount of any such deductions taken pursuant to this provision.

d. The Company may offset and deduct any compensation which would otherwise be due and payable to Agent by any amounts the Company determines were inappropriately or fraudulently paid to Agent by the Company previously in violation of this Agreement.

e. The Company, in its sole discretion, may from time to time provide additional compensation to Agent in the form of monetary or non-monetary incentives earned based on performance (e.g., sales contests). The terms and conditions under which such additional compensation can be earned shall be provided to Agent in writing, and all such incentive programs shall be administered in compliance with Medicare Laws and Regulations and all applicable state and federal laws and regulations.

3.2 **Compensation by FMO or General Agent.** Agent acknowledges and agrees that certain FMOs and General Agents that contract with the Company may be responsible for compensating Agent, and in such cases, the Company shall have no responsibility to compensate Agent for Products marketed through such FMOs and General Agents. In such cases, Agent shall look solely to the FMO or General Agent for compensation for the marketing and promotion of the Products, and Agent acknowledges and agrees that under no circumstances shall Agent have any claim against United or any Affiliates for any compensation or any other payment whatsoever in connection with Agent's activities in connection with the Products marketed through such FMOs and General Agents.

3.3 **Responsibility for Indebtedness to Company.** Agent shall be responsible for and agrees to reimburse and indemnify the Company for (i) any unearned or improperly or mistakenly paid commissions and (ii) any obligation or any sum which may be due and payable to the Company by Agent under this Agreement (collectively, "Indebtedness"). Agent grants the Company a first lien in and to all compensation payable under this Agreement and any compensation payable under any other agreement between the Company and Agent, for any debt due from Agent, including sums advanced or loaned by the Company. At any time during the term of this Agreement and at any time following termination of this Agreement, the Company may withhold, deduct and apply all sums due which would otherwise be due and payable to Agent to reduce any Indebtedness. The Company may, in its sole discretion, demand full payment of any Indebtedness that remains outstanding for more than thirty (30) days. Agent agrees to pay the Company any and all Indebtedness immediately upon demand. If such Indebtedness is not paid within thirty (30) days of the Company's written demand for payment, the Company will be entitled to recover, in addition to such Indebtedness, all cost of collection, including, but not limited to, court costs, reasonable attorneys fees and other expenses. Failure to pay any Indebtedness within thirty (30) days of Company's written demand for payment shall also be the basis for termination of this Agreement with cause. This Section 3.3 shall survive termination of this Agreement.

ARTICLE FOUR
TERMINATION AND SUSPENSION

4.1 **Term of Agreement.** The term of this Agreement shall begin on the date first written above (the “Effective Date”) and shall continue until terminated in accordance with the provisions of this Article Four.

4.2 **Termination Without Cause.** This Agreement may be terminated without cause by either Agent or the Company upon thirty (30) days prior written notice or such minimum number of days as required by applicable law, which notice shall be provided in accordance with the notice procedures set forth in this Agreement.

4.3 **Automatic Termination.** This Agreement shall terminate automatically upon the occurrence of any of the following events:

- a. If the Agent is an individual, upon the death of the individual;
- b. If the Agent is a partnership, upon the death of any partner or any change in the partners composing the partnership, or dissolution of the partnership for any reason;
- c. If the Agent is a corporation, upon the dissolution of the corporation or disqualification of the corporation to do business under applicable state laws;
- d. The loss, restriction, revocation or suspension of Agent’s insurance license, certification or registration by any Federal or state regulatory authority having jurisdiction over the parties;
- e. The Agent’s business is sold, transferred or merged and the Company has not consented to such sale, transfer or merger or has not appointed the successor; or
- f. The Agent is unable to pay debts as they mature, makes an assignment for the benefit of creditors or becomes the subject of bankruptcy, insolvency or similar proceedings.

4.4 **Termination With Cause.** The Company may immediately terminate this Agreement for cause upon written notice to Agent upon the occurrence of any of the following events (and notify applicable state and/or Federal regulatory authorities of the same):

- a. The failure of Agent to comply with the policies, procedures, rules and regulations of the Company, the Medicare Laws and Regulations, or the laws or regulations of the states in which the Agent is licensed to conduct business or any Federal or state regulatory authority having jurisdiction over the parties;
- b. The failure of Agent to provide the Company with certificates or insurance, as required under Section 5.4, and to maintain the insurance coverages set forth in this Agreement;
- c. The failure of Agent to otherwise conform to the terms and conditions of this Agreement;
- d. The conviction of Agent or any of its principals, shareholders, directors or officers of a felony crime or any other crime involving moral turpitude;
- e. If Agent or any principal, partner, shareholder, director or officer of Agent directly or indirectly and systematically contacts communicates or meets with any Member for the purpose of replacing a Product offered by the Company with a Medicare Advantage Plan, Prescription Drug Plan or other product offered by a Medicare Advantage Organization, Prescription Drug Plan Sponsor, or other entity which is not an affiliated with the Company;

f. Agent is contracted or otherwise affiliated with more than one (1) FMO or one (1) General Agent, as the case may be, at any given time in the service area designated by the Company to market and promote the Products; or

g. The promotion and marketing of the Products by Agent or any of its principals, shareholders, directors or officers when a suspension is in effect, as specified in Section 4.5, below.

4.5 **Suspension and Corrective Action of Agent.** In the event that the Company becomes aware of allegations, through Member complaints or otherwise, that Agent may have engaged in conduct in violation of this Agreement, the Company may suspend Agent's authority under this Agreement pending the Company's final outcome of an investigation of such allegations. During the time such suspension is in effect, Agent may not market or promote the Products on behalf of the Company or receive compensation on any Products sold; provided, however, that the Company shall continue to pay compensation in accordance with the terms and conditions of this Agreement on Agent's existing business submitted prior to the date of the suspension. The Company reserves the right to initiate corrective action against Agent where the Company has determined Agent has engaged in any conduct in violation of this Agreement.

4.6 **Specific Obligations of Agent to the Company and Members Following Termination of Agreement.** Following termination of this Agreement, Agent shall direct all inquiries from Members regarding the Products to the Company. Agent shall continue to act in accordance with Medicare Laws and Regulations and federal and state laws and regulations applicable to marketing representatives, and shall refrain from making any negative statements about the Company or the Company's Products to Members or other beneficiaries. Agent shall continue to act in accordance with the provisions of the HIPAA Business Associate Addendum attached to this Agreement. Without limiting the foregoing, Agent shall refrain from using or disclosing Member names and contact information, as well as all other Protected Health Information, as defined in the HIPAA Business Associate Addendum attached to this Agreement. At the request of the Company, Agent shall copy all requested records in its possession relating to applicants for MA Plans, PDP Plans, Med Supp Plans and/or other Products and relating to Members and forward such copies to the Company. The cost of copying such records shall be borne by Agent.

4.7 **Compensation Following Termination of Agreement; Vesting.**

a. In the event this Agreement is automatically terminated under Section 4.3 or is terminated with cause by Company under Section 4.4, the Company shall cease paying compensation to Agent and no further payment shall be due. This termination of payment shall be independent of any other rights that Company may have as a result of the breach of this Agreement.

b. Upon the termination without cause of this Agreement by the Company, the compensation due to Agent as set forth in the Agent Commission Schedule in effect as of the termination date of this Agreement shall be vested in Agent and payable to Agent by the Company regardless of whether this Agreement is still in force at the time such compensation becomes due for so long as the Member remains enrolled in the Product with the Company and the premiums continued to be paid by CMS and the Member, as applicable. The obligation of the Company to pay compensation shall cease in the event that (i) Agent, at any time while such payments continue, contacts existing Members for the purpose of replacing any of the Products with a Medicare Advantage Plan, Prescription Drug Plan, Medicare Supplement Plan or other Product offered by another MA Organization, PDP Plan Sponsor, health plan or insurer (notwithstanding anything to the contrary herein above, the parties expressly acknowledge and agree that the occasional or inadvertent replacement of business is practically unavoidable and that unless such conduct is part of an intentional effort to migrate the Company's business to a competitor of the Company, it shall not give rise to the cessation of payments provided for hereunder and furthermore, the parties hereto acknowledge and agree that the foregoing shall not apply in any instance where the Company's services or coverage are no longer generally accepted in such Member's geographic area), (ii) Agent, at any time while payments continue, engages in any of the conduct set forth in Section 4.4 which would have given rise to a termination for breach, or (iii) the Company's payments to Agent as required by this Agreement are less than Six Hundred Dollars (\$600.00) per year. This Section 4.7 shall survive termination of this Agreement.

4.8 **Termination of Solicitor Agent.** If Agent contracts with or is otherwise affiliated with any Solicitor Agent, then termination of Agent shall result in the termination of any and all Solicitor Agents. The Company may,

in its sole and absolute discretion, terminate the participation of any Solicitor Agent by providing advance written notice of such termination to Agent. Upon receiving such notice from the Company, Agent shall cause any terminated Solicitor Agent to cease marketing the Products and to cease soliciting applications on behalf of the Company. The Company shall have no obligation to pay any further compensation to Agent with respect to any enrollments which are originated by any Solicitor Agent who or which has been terminated. The termination of participation of any one or more Solicitor Agent by the Company shall not affect the performance of this Agreement by Agent and the remaining Solicitor Agents that have not been terminated by the Company. The termination of any Solicitor Agent's participation hereunder shall not prevent the subsequent termination of this Agreement in its entirety by the Company in accordance with the provisions of this Article Four or as otherwise permitted by this Agreement.

ARTICLE FIVE GENERAL PROVISIONS

5.1 **Intellectual Property Rights; Confidential Information.** Agent agrees that all marketing and promotional materials, advertisements, circulars, brochures or similar material concerning the Products, rate and benefit schedules, contracts, records files, software, manuals, forms and other materials and information furnished by the Company, whether furnished in paper form, electronic format or through the Internet, is and shall remain confidential and proprietary to the Company. Agent agrees that such proprietary and confidential information shall only be used by Agent in connection with its performance under this Agreement and only in the manner provided by this Agreement. Agent shall not use any of the Company's proprietary and confidential information to directly or indirectly compete with the Company or to assist any competitor of the Company to compete with the Company during the term of this Agreement or at any time thereafter. Upon expiration or termination of this Agreement, Agent shall immediately return all proprietary and confidential information. Agent agrees that this Agreement is and shall remain confidential, and Agent agrees not to disclose this Agreement, or any term of it, to any third party without the prior written consent of the Company, except as required by law. Agent acknowledges and agrees that the Company owns all tangible property, including, but not limited to, goods, equipment, documents, spreadsheets, notes, disks, text, artwork, computer software, and similar property provided to Agent by the Company or produced by Agent at the Company's expense or based on the Company's proprietary and confidential information. Agent agrees to deliver this tangible property to the Company promptly upon the Company's request, but in any event, after Agent is finished using such tangible property in performing the services under this Agreement.

5.2 **Assignment.** Neither this Agreement nor any of the duties or benefits of this Agreement shall be assigned or transferred, either in whole or in part, without the prior written consent of the Company.

5.3 **Amendments; Other Agreements.**

a. **Unilateral Amendments.** The Company may amend this Agreement by providing written notice of the amendment and its effective date to Agent thirty (30) or more days before the proposed effective date of such amendment. The amendment will automatically become effective without Agent's written agreement unless Agent notifies the Company that Agent is terminating this Agreement before the effective date of the amendment.

b. **Amendments to Comply with Laws and Regulations.** The Company may amend, revise or supplement this Agreement with written notice to Agent in order to maintain compliance with Medicare Laws and Regulations and any applicable state, federal or local statutes, ordinances, codes, rules, regulations, restrictions, orders, procedures, directives, guidelines, policies or requirements enacted, adopted, applied or imposed by any governmental authority or court. The written notice shall specify the effective date of the amendment, revision or supplement to the provisions of this Agreement. Such amendment shall be binding upon Agent and shall not require the consent of Agent.

c. **Agreements for Sale of Other Products.** Nothing in this Agreement shall preclude Agent from entering into agreements with the Company for the sale of any Company products other than the Products, and no provision of this Agreement shall be construed to supplant or modify any provision of any such agreements.

d. Prior Agreements. The Company and Agent agree that this Agreement, including all exhibits, appendices and addenda attached hereto or incorporated into this Agreement by reference, constitutes the entire agreement between the Company and Agent and will, upon execution by the parties, supersede any prior agreement, oral or written, between the parties concerning the subject matter of this Agreement. If any such agreements are in existence, they are, upon execution of this Agreement by the parties, hereby cancelled, except with respect to any compensation or commissions payable thereunder, which compensation or commissions shall continue to be paid in accordance with the terms thereof.

5.4 Insurance. Agent shall maintain the following insurance coverages:

a. If Agent is an employer of one or more employees, workers compensation and employers liability coverage with minimum limits of:

i. Workers Compensation-Statutory as required by law.

ii. Employer's Liability-

Bodily injury by accident: \$1,000,000 each accident

Bodily injury by disease: \$1,000,000 each employee

Bodily injury by disease: \$1,000,000 policy limit

b. Agent's Errors and Omissions Insurance in an amount of not less than one million dollars (\$1,000,000) per occurrence and one million dollars (\$1,000,000) annual aggregate (\$3,000,000 annual aggregate if Agent is authorized to promote and market AARP branded Products).

c. If Agent has a claims-made based policy (or policies) and such policy (or policies) are cancelled or not renewed, Agent agrees to exercise any option contained in said policy (or policies) to extend the reporting period to the maximum period permitted; provided, however, that Agent need not exercise such option if the superseding insurer will accept all prior claims.

d. None of the foregoing requirements as to the type and limits of insurance to be maintained by Agent are intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by Agent under this Agreement. Each of Agent's insurance policies shall:

i. be issued by companies that are admitted insurers in the jurisdiction in which the services or products are being provided;

ii. be issued by companies that have an A.M. Best rating of not less than "A-" and are in a size category which is not lower than "VIII;"

iii. be primary and noncontributory with any of the Company's insurance;

iv. name the Company as an additional insured; (except workers compensation, employers liability and professional liability coverages) and provide the Company with thirty (30) days prior written notice of cancellation, non-renewal or material change in the form or limits of coverage.

Upon request of the Company, Agent shall cause its insurance carriers, brokers or agents to issue certificates of insurance to the Company evidencing all insurance coverages required by this Section. Notwithstanding any other provision of this Agreement, failure to provide the certificates of insurance shall be grounds for immediate termination of this Agreement.

5.5 **Waiver.** Failure of the Company to enforce compliance with the terms and conditions of this Agreement shall not be construed as a waiver of its rights to exercise the same at any time.

5.6 **Notice.** Any and all notices required or permitted to be given hereunder shall be in writing and may be sent by (i) personal delivery, (ii) commercial messenger service overnight delivery, (iii) United States Postal Service or (iv) facsimile transmission with electronic confirmation of successful transmission. Irrespective of the manner of delivery or transmission used, all such notices shall be properly addressed and directed with postage or delivery charges prepaid (if any) to the party at its respective address or facsimile number set forth below or to such other address which any party may designate in writing in accordance with the provisions of this Section 5.6.

If to Company: United HealthCare Insurance Company
Ovations
9900 Bren Road East
Minnetonka, MN 55343
Attention: Sr. Vice President of Distribution
Facsimile: 952-936-1396

with a copy to:

United HealthCare Insurance Company
Ovations
9900 Bren Road East
Minnetonka, MN 55343
Attention: Ovations Senior Legal Counsel
Facsimile: 952-936-4933

If to Agent: To Agent's address last known by the Company.

Notices sent by either personal delivery or facsimile transmission shall be deemed given upon independent written verification of receipt. Notices sent via overnight delivery shall be deemed given on the next business day. All other notices sent by either registered or certified mail shall be deemed given three (3) business days from mailing.

5.7 **Compliance with Applicable Law; Severability.** In the event any provision of this Agreement conflicts with laws applicable hereto or under which this Agreement is construed or if any provision of this Agreement shall be held illegal or unenforceable or partially illegal or unenforceable by a court or governmental authority with jurisdiction over the parties to this Agreement, then this Agreement shall be modified to conform with said laws or judicial determination and such provision shall be construed and enforced only to such extent as it may be a legal and enforceable provision, and all other provisions of this Agreement shall be given full effect separately therefrom and shall not be affected thereby.

5.8 **Governing Law.** This Agreement shall be construed in accordance with the laws of the State of Minnesota but otherwise without regard to conflicts of law principles.

5.9 **Incorporation of Other Legal Requirements.** Any provisions now or hereafter required to be included in the Agreement by any Federal or State governmental authority with competent jurisdiction over the subject matter hereof, including, but not limited to, CMS, shall be binding upon and enforceable against the parties hereto and deemed incorporated herein, irrespective of whether or not such provisions are expressly set forth in this Agreement.

5.10 **Survival of Terms.** The parties' respective rights and obligations under this Agreement, which by their nature would continue beyond the termination, cancellation or expiration of this Agreement, shall survive. This includes, by way of example but is not limited to, the obligations provided in the following Sections, Appendices and

Addenda: Insurance and Indemnification, **Exhibit A**, the Medicare Regulatory Addendum, and the HIPAA Business Associate Addendum.

5.11 **Signatures Delivered by Facsimile or E-Mail**. This Agreement, any amendments to this Agreement, and any other documents related to this Agreement (such as notices, etc.) to the extent bearing a signature by the person authorized by the respective party, but delivered by means of a facsimile machine or e-mail of a pdf file containing a copy of such executed document, shall be treated in all manner and respects and for all purposes as an original agreement or instrument and shall be considered to have the same binding legal effect as if it were the original signed version thereof delivered in person. At the request of the Company, Agent shall re-execute original forms thereof and deliver them to the Company. No party hereto shall raise the use of a facsimile machine to deliver a signed document or the fact that any signed document or agreement or instrument was transmitted or communicated through the use of a facsimile machine or e-mail of a pdf file containing a copy of an executed agreement as a defense to the formation or enforceability of this agreement or any such agreement or instrument, and each such party forever waives any such defense.

5.12 **Counterparts**. This Agreement may be executed in several counterparts, each of which shall be an original, and all of which together shall constitute but one and the same instrument.

Signature page follows.

The following exhibits and attachments are incorporated by reference into this Agreement:

- **Exhibit A** Agent Compensation Schedule
- **Exhibit B** Hierarchy Relationship Addendum
- **Exhibit C** Medicare Regulatory Addendum
- **Exhibit D** HIPAA Business Associate Addendum
- **Exhibit E** Branded Products Addendum

Executed this _____ day of _____, 20__.

AGENT CONTRACTING AS

**UNITED HEALTHCARE INSURANCE
COMPANY, on behalf of itself and its Affiliates**

(Check one)

- INDIVIDUAL**
- PARTNERSHIP**
- CORPORATION**

Print Name on License

By: _____
Authorized Signature

By: _____
Company Officer

Title: _____

Title: _____

Address

City State Zip Code

Telephone Number: _____

Fax Number: _____

E-mail: _____

Tax I.D. Number: _____

Exhibit 1

UNITED HEALTHCARE INSURANCE COMPANY PDP AND MA PLANS ANNUAL COMMISSION SCHEDULE FOR 2009

I. PDP PLANS

“Initial Year” Commissions -- New and Renewal Enrollments for CMS Contract Year 2009

In accordance with CMS instructions, the Company shall initially pay Agent the “Renewal Year 1-5” commission specified below for each individual with an application signed on or after November 15, 2008 and properly enrolled in a Company PDP Plan which Agent is approved and authorized to market and promote for the 2009 CMS Contract Year, beginning with 01/01/09 effective enrollments. If the Company identifies that the individual is in an Initial Enrollment Period (IEP) or if CMS identifies that the individual is in an IEP or is new to the PDP Program, the Company shall adjust the compensation paid to Agent for the individual from the “Renewal Year 1-5” commission specified below to the “Initial Year” commission specified below. **“Initial Year” commissions will not be paid if the individual was already enrolled in a PDP Plan at the time of enrollment.** Payment of the “Renewal Year 1-5” commission will be made in the next commission payment cycle following the entry of a qualifying application into the Company’s enrollment system. Any required adjustment from the “Renewal Year 1-5” commission to the “Initial Year” commission will be made following the Company’s or CMS’s identification that the individual is in an IEP or new to the PDP Program.

Initial Year Commission: \$40.00

Note: The above amount will be paid for electronic enrollments only. In the event that Agent submits paper based enrollments, the Company reserves the right to charge Agent an administrative fee which will be deducted from the amount specified above. The amount of any administrative fee will be determined by the Company and made available to Agent upon request.

“Renewal Year” Commissions – New and Renewal Enrollments for CMS Contract Year 2009 (Commission Payments for Subsequent CMS Contract Years)

The Company shall pay Agent the following renewal commissions for each individual with an application signed on or after November 15, 2008 and properly enrolled in a Company PDP Plan which Agent is approved and authorized to market and promote for the 2009 CMS Contract Year and who remains in a Company PDP Plan in subsequent CMS Contract Years. If Agent receives the “Initial Year” commission for the 2009 CMS Contract Year, Agent shall be entitled to earn renewal commissions for up to five renewal years. If Agent receives the “Renewal Year 1-5” commission for the 2009 CMS Contract Year, Agent shall be entitled to earn renewal commissions for up to the number of renewal years specified by CMS for the individual Member. 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 a Company PDP Plan following the close of the annual open enrollment period.

Renewal Year 1-5 Commission: \$20.00

Note: The above amount will be paid for electronic enrollments only. In the event that Agent submits paper based enrollments, the Company reserves the right to charge Agent an administrative fee which will be deducted from the amount specified above. The amount of any administrative fee will be determined by the Company and made available to Agent upon request.

Renewal Commissions for Members with Effective Dates Before January 1, 2009.

For each Member enrolled in a Company PDP Plan with an effective date before January 1, 2009 (an “Existing PDP Plan Member”), the Company shall pay Agent the above renewal commissions as the renewal fee due to Agent for such Existing PDP Plan Member under the Agreement for CMS Contract Year 2009.

II.A. MEDICARE ADVANTAGE PLANS: HMO, PPO, AmeriChoice/Evercare Dual SNP and Evercare Institutional SNP Plans

“Initial Year” Commissions -- New and Renewal Enrollments for CMS Contract Year 2009

In accordance with CMS instructions, the Company shall initially pay Agent the “Renewal Year 1-5” commission specified below for each individual with an application signed on or after November 15, 2008 and properly enrolled in one of the Company’s HMO, PPO, AmeriChoice/Evercare Dual SNP or Evercare Institutional SNP Plans (not including the Company’s Unison Advantage Plans, as defined in Section II. C below) which Agent is approved and authorized to market and promote for the 2009 CMS Contract Year, beginning with 01/01/09 effective enrollments. If the Company identifies that the individual is in an Initial Coverage Election Period (ICEP) or CMS identifies that the individual is in an ICEP or is new to the MA Program, the Company shall adjust the compensation paid to Agent for the individual from the “Renewal Year 1-5” commission specified below to the “Initial Year” commission specified below. **“Initial Year” commissions will not be paid if the individual was already enrolled in an MA Plan at the time of enrollment.** Payment of the “Renewal Year 1-5” commission will be made in the next commission payment cycle following the entry of a qualifying application into the Company’s enrollment system. Any required adjustment from the “Renewal Year 1-5” commission to the “Initial Year” commission will be made following the Company’s or CMS’s identification that the individual is in an ICEP or new to the MA Program.

Initial Year Commissions

CALIFORNIA: \$500.00

CONNECTICUT & PENNSYLVANIA: \$450.00

ALL OTHER STATES: \$400.00

Note: The above amount will be paid for electronic enrollments only. In the event that Agent submits paper based enrollments, the Company reserves the right to charge Agent an administrative fee which will be deducted from the amount specified above. The amount of any administrative fee will be determined by the Company and made available to Agent upon request.

“Renewal Year” Commissions – New and Renewal Enrollments for CMS Contract Year 2009 (Commission Payments for Subsequent CMS Contract Years)

The Company shall pay Agent the following renewal commissions for each individual with an application signed on or after November 15, 2008 and properly enrolled in one of the Company’s HMO, PPO, AmeriChoice/Evercare Dual SNP or Evercare Institutional SNP Plans (not including the Company’s Unison Advantage Plans, as defined in Section II. C below) which Agent is approved and authorized to market and promote for the 2009 CMS Contract Year and who remain in a Company HMO, PPO, AmeriChoice/Evercare Dual SNP or Evercare Institutional SNP Plan in subsequent CMS Contract Years. If Agent receives the “Initial Year” commission for the 2009 CMS Contract Year, Agent shall be entitled to earn renewal commissions for up to five renewal years. If Agent receives the “Renewal Year 1-5” commission for the 2009 CMS Contract Year, Agent shall be entitled to earn renewal commissions for up to the number of renewal years or as specified by CMS for the individual Member. Payment will be made following the Company’s receipt and processing of CMS confirmation that the renewing Member has continued his or her enrollment in a Company HMO, PPO, AmeriChoice/Evercare Dual SNP or Evercare Institutional SNP Plan following the close of the annual open enrollment period.

Renewal Year 1-5 Commissions

CALIFORNIA: \$250.00

CONNECTICUT & PENNSYLVANIA: \$225.00

ALL OTHER STATES: \$200.00

Note: The above amount will be paid for electronic enrollments only. In the event that Agent submits paper based enrollments, the Company reserves the right to charge Agent an administrative fee which will be deducted from the amount specified above. The amount of any administrative fee will be determined by the Company and made available to Agent upon request.

Renewal Commissions for Members with Effective Dates Before January 1, 2009.

For each Member enrolled in a Company HMO, PPO, AmeriChoice/Evercare Dual SNP or Evercare Institutional SNP Plan with an effective date before January 1, 2009 (an “Existing MA Plan Member”), the Company shall pay Agent the above renewal commissions as the renewal fee due to Agent for such Existing MA Plan Member under the Agreement for CMS Contract Year 2009.

Non-Commissionable Counties for Specified HMO, PPO, AmeriChoice/Evercare Dual SNP and Evercare Institutional SNP Plans

Product	Counties
SecureHorizons MedicareComplete Choice (R5342-001 & -002), Evercare Plan for People with Chronic Illness (R5342-004), Evercare Plan for People with Limited Income (R5342-003)	New York: Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk and Westchester
AARP MedicareComplete Choice Plan 2 (5287 001), AARP MedicareComplete Choice Plan 3 (R5287 002), Evercare Plan RDP (5287 003)	Florida: Miami-Dade, Broward, Palm Beach
Massachusetts Evercare Plan DP (228 004)	Massachusetts: All counties where the product is sold
Massachusetts AARP® MedicareComplete® Choice Regional Preferred Provider Organization (RPPO)	Massachusetts: Barnstable, Dukes, Essex, Franklin, Middlesex, Norfolk, Suffolk, Nantucket, Plymouth

II.B. MEDICARE ADVANTAGE PLANS: CHRONIC CARE SNP PLANS

“Initial Year” Commissions -- New and Renewal Enrollments for CMS Contract Year 2009

In accordance with CMS instructions, the Company shall initially pay Agent the “Renewal Year 1-5” commission specified below for each individual with an application signed on or after November 15, 2008 and properly enrolled in one of the Company’s Chronic Care SNP Plans which Agent is approved and authorized to market and promote for the 2009 CMS Contract Year, beginning with 01/01/09 effective enrollments. If the Company identifies that the individual is in an Initial Coverage Election Period (ICEP) or CMS identifies that the individual is in an ICEP or is new to the MA Program, the Company shall adjust the compensation paid to Agent for the individual from the “Renewal Year 1-5” commission specified below to the “Initial Year” commission specified below. **“Initial Year” commissions will not be paid if the individual was already enrolled in an MA Plan at the time of enrollment.** Payment of the “Renewal Year 1-5” commission will be made in the next commission payment cycle following the entry of a qualifying application into the Company’s enrollment system. Any required adjustment from the “Renewal Year 1-5” commission to the “Initial Year” commission will be made following the Company’s or CMS’s identification that the individual is in an ICEP or new to the MA Program.

Initial Year Commissions

CALIFORNIA: \$500.00

CONNECTICUT & PENNSYLVANIA: \$400.00

ALL OTHER STATES: \$400.00

Note: The above amount will be paid for electronic enrollments only. In the event that Agent submits paper based enrollments, the Company reserves the right to charge Agent an administrative fee which will be deducted from the amount specified above. The amount of any administrative fee will be determined by the Company and made available to Agent upon request.

“Renewal Year” Commissions – New and Renewal Enrollments for CMS Contract Year 2009 (Commission Payments for Subsequent CMS Contract Years)

The Company shall pay Agent the following renewal commissions for each individual with an application signed on or after November 15, 2008 and properly enrolled in one of the Company’s Chronic Care SNP Plans which Agent is approved and authorized to market and promote for the 2009 CMS Contract Year and who remain in a Company Chronic Care SNP Plan in subsequent CMS Contract Years. If Agent receives the “Initial Year” commission for the 2009 CMS Contract Year, Agent shall be entitled to earn renewal commissions for up to five renewal years. If Agent receives the “Renewal Year 1-5” commission for the 2009 CMS Contract Year, Agent shall be entitled to earn renewal commissions for up to the number of renewal years specified by CMS for the individual Member. Payment will be made following the Company’s receipt and processing of CMS confirmation that the renewing Member has continued his or her enrollment in a Company Chronic Care SNP Plan following the close of the annual open enrollment period.

Renewal Year 1-5 Commissions

CALIFORNIA: \$250.00

CONNECTICUT & PENNSYLVANIA: \$200.00

ALL OTHER STATES: \$200.00

Note: The above amount will be paid for electronic enrollments only. In the event that Agent submits paper based enrollments, the Company reserves the right to charge Agent an administrative fee which will be deducted from the amount specified above. The amount of any administrative fee will be determined by the Company and made available to Agent upon request.

Renewal Commissions for Members with Effective Dates Before January 1, 2009.

For each Member enrolled in a Company Chronic Care SNP Plan with an effective date before January 1, 2009 (“Existing Chronic Care SNP Member”), the Company shall pay Agent the above renewal commissions as the renewal fee due to Agent for such Existing Chronic Care SNP Member under the Agreement for CMS Contract Year 2009.

Non-Commissionable Counties for Specified Chronic Care SNP Plans

Product	Counties
SecureHorizons MedicareComplete Choice (R5342-001 & -002), Evercare Plan for People with Chronic Illness (R5342-004), Evercare Plan for People with Limited Income (R5342-003)	New York: Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk and Westchester
AARP MedicareComplete Choice Plan 2 (5287 001), AARP MedicareComplete Choice Plan 3 (R5287 002), Evercare Plan RDP (5287 003)	Florida: Miami-Dade, Broward, Palm Beach

II.C. UNISON ADVANTAGE PLANS: DUAL SNP AND MAPD PLANS

“Initial Year” Commissions -- New and Renewal Enrollments for CMS Contract Year 2009

In accordance with CMS instructions, the Company shall initially pay Agent the “Renewal Year 1-5” commission specified below for each individual with an application signed on or after November 15, 2008 and properly enrolled in one of the Company’s Unison Advantage Plans (that is, Dual SNP Plans and MAPD Plans offered by Unison Health Plan of Tennessee, Inc., Unison Health Plan of Ohio, Inc., or Unison Health Plan of Pennsylvania, Inc.) which Agent is approved and authorized to market and promote for the 2009 CMS Contract Year, beginning with 01/01/09 effective enrollments. If the Company identifies that the individual is in an Initial Coverage Election Period (ICEP) or CMS identifies that the individual is in an ICEP or is new to the MA Program, the Company shall adjust the compensation paid to Agent for the individual from the “Renewal Year 1-5” commission specified below to the “Initial Year” commission specified below. **“Initial Year” commissions will not be paid if the individual was already enrolled in an MA Plan at the time of enrollment.** Payment of the “Renewal Year 1-5” commission will be made in the next commission payment cycle following the entry of a qualifying application into the Company’s enrollment system. Any required adjustment from the “Renewal Year 1-5” commission to the “Initial Year” commission will be made following the Company’s or CMS’s identification that the individual is in an ICEP or new to the MA Program.

Initial Year Commissions

PENNSYLVANIA: \$450.00

ARKANSAS, MISSISSIPPI, OHIO, TENNESSEE: \$400.00

“Renewal Year” Commissions – New and Renewal Enrollments for CMS Contract Year 2009 (Commission Payments for Subsequent CMS Contract Years)

The Company shall pay Agent the following renewal commissions for each individual with an application signed on or after November 15, 2008 and properly enrolled in one of the Company’s Unison Advantage Plans which Agent is approved and authorized to market and promote for the 2009 CMS Contract Year and who remain in a Unison Advantage Plan in subsequent CMS Contract Years. If Agent receives the “Initial Year” commission for the 2009 CMS Contract Year, Agent shall be entitled to earn renewal commissions for up to five renewal years. If Agent receives the “Renewal Year 1-5” commission for the 2009 CMS Contract Year, Agent shall be entitled to earn renewal commissions for up to the number of renewal years specified by CMS for the individual Member. Payment will be made following the Company’s receipt and processing of CMS confirmation that the renewing Member has continued his or her enrollment in a Unison Advantage Plan following the close of the annual open enrollment period.

Renewal Year 1-5 Commissions

PENNSYLVANIA: \$225.00

ARKANSAS, MISSISSIPPI, OHIO, TENNESSEE: \$200.00

Agreement Controls for Members with Applications Signed on or after November 15, 2008 and Enrolled in a Unison Advantage Plan on or after January 1, 2009

The terms and conditions of the Agreement, as modified by this Letter Agreement, supersede any agreement or agreements in effect between Unison Health Plan of Tennessee, Inc., Unison Health Plan of Ohio, Inc., or Unison Health Plan of Pennsylvania, Inc., as applicable, and Agent, with respect to Members with applications signed on or after November 15, 2008 and enrolled in a Unison Advantage Plan on or after January 1, 2009.

Renewal Commission for Members Effective Before January 1, 2009

Renewal commissions, if any, for individuals enrolled in a Unison Advantage Plan with an effective date before January 1, 2009 shall be governed by the agreement or agreements then in effect between Unison Health Plan of Tennessee, Inc., Unison Health Plan of Ohio, Inc., or Unison Health Plan of Pennsylvania, Inc., as applicable, and Agent, and shall not be governed by this Letter Amendment or the Agreement.

Additional Operational Requirements for Unison Advantage Plans

For payment to occur with respect to enrollment in a Unison Advantage Plan, Agent shall meet and comply with the Unison's Medicare CRM system requirements.

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

“Initial Year” Commissions -- New and Renewal Enrollments for CMS Contract Year 2009

In accordance with CMS instructions, the Company shall initially pay Agent the “Renewal Year 1-5” commission specified below for each individual with an application signed on or after November 15, 2008 and properly enrolled in one of the Company’s PFFS Plans which Agent is approved and authorized to market and promote for the 2009 CMS Contract Year, beginning with 01/01/09 effective enrollments. If the Company identifies that the individual is in an Initial Coverage Election Period (ICEP) or CMS identifies that the individual is in an ICEP or is new to the MA Program, the Company shall adjust the compensation paid to Agent for the individual from the “Renewal Year 1-5” commission specified below to the “Initial Year” commission specified below. **“Initial Year” commissions will not be paid if the individual was already enrolled in an MA Plan at the time of enrollment.** Payment of the “Renewal Year 1-5” commission will be made in the next commission payment cycle following the entry of a qualifying application into the Company’s enrollment system. Any required adjustment from the “Renewal Year 1-5” commission to the “Initial Year” commission will be made following the Company’s or CMS’s identification that the individual is in an ICEP or new to the MA Program.

Initial Year Commissions

CALIFORNIA: \$500.00

CONNECTICUT & PENNSYLVANIA: \$400.00

ALL OTHER STATES: \$400.00

Note: The above amount will be paid for electronic enrollments only. In the event that Agent submits paper based enrollments, the Company reserves the right to charge Agent an administrative fee which will be deducted from the amount specified above. The amount of any administrative fee will be determined by the Company and made available to Agent upon request.

“Renewal Year” Commissions – New and Renewal Enrollments for CMS Contract Year 2009 (Commission Payments for Subsequent CMS Contract Years)

The Company shall pay Agent the following renewal commissions for each individual with an application signed on or after November 15, 2008 and properly enrolled in one of the Company’s PFFS Plans which Agent is approved and authorized to market and promote for the 2009 CMS Contract Year and who remain in a Company PFFS Plan in subsequent CMS Contract Years. If Agent receives the “Initial Year” commission for the 2009 CMS Contract Year, Agent shall be entitled to earn renewal commissions for up to five renewal years. If Agent receives the “Renewal Year 1-5” commission for the 2009 CMS Contract Year, Agent shall be entitled to earn renewal commissions for up to the number of renewal years specified by CMS for the individual Member. Payment will be made following the Company’s receipt and processing of CMS confirmation that the renewing Member has continued his or her enrollment in a Company PFFS Plan following the close of the annual open enrollment period.

Renewal Year 1-5 Commissions

CALIFORNIA: \$250.00

CONNECTICUT & PENNSYLVANIA: \$200.00

ALL OTHER STATES: \$200.00

Note: The above amount will be paid for electronic enrollments only. In the event that Agent submits paper based enrollments, the Company reserves the right to charge Agent an administrative fee which will be deducted from the amount specified above. The amount of any administrative fee will be determined by the Company and made available to Agent upon request.

Renewal Commissions for Members with Effective Dates Before January 1, 2009.

For each Member enrolled in a Company PFFS Plan with an effective date before January 1, 2009 (“Existing PFFS Member”), the Company shall pay Agent the above renewal commissions as the renewal fee due to Agent for the Existing PFFS Member under the Agreement for CMS Contract Year 2009.

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

*In addition, for applications written after January 16, 2009, no commissions will be paid for SecureHorizons[®] MedicareDirect Plan 100 (H2408-017, H5435-027) or Rx Plan 150 (H2408/024, H2408-020, H5435-020) in all counties in Wisconsin where the products are sold.

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%

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%

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%

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 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. 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.

Exhibit 1

V. MEDICARE SUPPLEMENT INSURANCE PLANS WHICH CARRY THE AARP NAME

The Company will compensate Agent as follows for each individual properly enrolled in a Medicare supplement insurance plan which carries the AARP name (“AARP 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.

The commission payments listed below at each level are net of compensation payable to all lower sales levels. To the extent any sales level is not involved in the sale of the AARP Med Supp Plan, the compensation payable to such sales level shall roll-up and be payable to the next higher sales level. Payment will be made in the first commission payment cycle following the entry of a qualifying application into the Company’s enrollment system.

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

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

Plans A, K, L

Years 1-6		
Level	Minimum Amount Payable to each Level	Maximum Amount Payable Based on Roll-up from Non-existent Lower Levels
Agent	\$ 230.00	\$ 230.00

Years 1-6		
Level	Minimum Amount Payable to each Level	Maximum Amount Payable Based on Roll-up from Non-existent Lower Levels
Agent	\$115.00	\$ 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**

Plans A, K, L, MA Core Plan

Years 1-6		
Level	Minimum Amount Payable to each Level	Maximum Amount Payable Based on Roll-up from Non-existent Lower Levels
Agent	\$ 210.00	\$ 210.00

Years 1-6		
Level	Minimum Amount Payable to each Level	Maximum Amount Payable Based on Roll-up from Non-existent Lower Levels
Agent	\$ 105.00	\$ 105.00

* TX Commission paid for Years 1 to 7

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

Years 1-6		
Level	Minimum Amount Payable to each Level	Maximum Amount Payable Based on Roll-up from Non-existent Lower Levels
Agent	\$ 170.00	\$ 170.00

Plans A, K, L

Years 1-6		
Level	Minimum Amount Payable to each Level	Maximum Amount Payable Based on Roll-up from Non-existent Lower Levels
Agent	\$ 85.00	\$ 85.00

States: AK, HI, NM, OR, SD
Plans: All Plans except A, K, L

Years 1-6		
Level	Minimum Amount Payable to each Level	Maximum Amount Payable Based on Roll-up from Non-existent Lower Levels
Agent	\$ 150.00	\$ 150.00

Plans A, K, L

Years 1-6		
Level	Minimum Amount Payable to each Level	Maximum Amount Payable Based on Roll-up from Non-existent Lower Levels
Agent	\$ 75.00	\$ 75.00

States: CO, IN
Plans: All Plans except A, K, L

Years 1-6		
Level	Minimum Amount Payable to each Level	Maximum Amount Payable Based on Roll-up from Non-existent Lower Levels
Agent	\$ 150.00	\$ 150.00

Plans A, K, L

Years 1-6		
Level	Minimum Amount Payable to each Level	Maximum Amount Payable Based on Roll-up from Non-existent Lower Levels
Agent	\$ 150.00	\$ 150.00

States: GU, PR, VI
Plans: All Plans except A, K, L

Years 1-6		
Level	Minimum Amount Payable to each Level	Maximum Amount Payable Based on Roll-up from Non-existent Lower Levels
Agent	\$ 110.00	\$ 110.00

Plans A, K, L

Years 1-6		
Level	Minimum Amount Payable to each Level	Maximum Amount Payable Based on Roll-up from Non-existent Lower Levels
Agent	\$ 55.00	\$ 55.00

States: MI, MN*, ND, WI*, WV

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

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

Years 1-6		
Level	Minimum Amount Payable to each Level	Maximum Amount Payable Based on Roll-up from Non-existent Lower Levels
Agent	\$ 230.00	\$ 230.00

Years 1-6		
Level	Minimum Amount Payable to each Level	Maximum Amount Payable Based on Roll-up from Non-existent Lower Levels
Agent	\$ 115.00	\$ 115.00

***Commissions are not payable for riders in MN and WI**

States: WA

Plans: All Plans

All Years		
Level	Minimum Amount Payable to each Level	Maximum Amount Payable Based on Roll-up from Non-existent Lower Levels
Agent	8.0%	8.0%

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. Commissions due to FMO are based on the collected premium amount (except in Washington, where it shall be based on the current premium amount) received by Company.
- b. Commissions are payable only when premium payments are current and no late premium payments are due. FMO shall not be entitled to commissions (including over-riding commissions) on premiums which would be owed for any AARP Med Supp Plan but which have been waived by the Company.
- c. A nine-month commission advance is paid on all AARP Med Supp Plan sales once the first month premium has been paid (except in (i) the state of South Dakota, (ii) most plan changes from an AARP Med Supp Plan to another AARP Med Supp Plan, or (iii) other limited circumstances as may be determined by the Company).
- d. Commissions are not payable for any individual/applicant who is under the age of 65 as of their plan effective date except in the states of CO, IN, ME (open enrollment only) MO, PA and WI. In these states, the age 65+ commission applies.
- e. If any AARP Med Supp Plan 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 AARP Med Supp Plan unless said plan is reinstated through the direct efforts of FMO or its Representatives, as determined by the Company.

- f. Notwithstanding for commissions payable in the state of Washington, the Company shall have the right to cumulate any commissions due to FMO until such commissions equal at least twenty dollars (\$20.00).
- g. If the Company refunds any premium for any reason, FMO is indebted to the Company for any FMO commissions paid on that premium. FMO 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.
- h. Any unearned commissions will be recovered on lapses (terminations of coverage). In the event of death, the FMO is paid commission through the end of the month in which the member died.
- i. Any unearned commissions paid on an AARP Med Supp Plan that is terminated or surrendered will be charged back in full to all levels that were paid for that plan.
 - Charge-backs will be recovered from the next available commission check.
 - If there is not enough new business to offset this charge-back, the balance of the charge-back is rolled to the next commission statement. This continues until the charge-back is repaid in full.
- j. Commissions are not payable on AARP Med Supp Plan sold through intermediary organizations such as employers, unions or other groups.

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:

- 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.

Exhibit 2

VII. LIST OF AFFILIATES

Affiliates offering PDP Plans in filed and approved areas

UnitedHealthcare Insurance Company
UnitedHealthcare Insurance Company of New York (New York residents)

Affiliates offering MA Plans including Local HMO, PPO and Special Needs Plans

UnitedHealthcare of the River Valley, Inc.	UnitedHealthcare Insurance Company
Oxford Health Plans (CT), Inc.	UnitedHealthcare of Alabama, Inc.
Oxford Health Plans (NJ), Inc	UnitedHealthcare of Arizona, Inc.
Oxford Health Plans (NY), Inc	UnitedHealthcare of Arkansas, Inc.
Evercare of Texas, LLC .	UnitedHealthcare of Florida, Inc.
PacifiCare of Arizona, Inc.	UnitedHealth care of Georgia, Inc.
PacifiCare of California	UnitedHealthcare of Midlands, Inc.
PacifiCare of Colorado, Inc.	UnitedHealthcare of the Midwest, Inc.
PacifiCare of Nevada, Inc.	UnitedHealthcare of New England, Inc.
PacifiCare of Oklahoma, Inc.	UnitedHealthcare of New York, Inc.
PacifiCare of Oregon, Inc.	UnitedHealthcare of North Carolina, Inc.
PacifiCare of Texas, Inc.	UnitedHealthcare of Ohio, Inc
PacifiCare of Utah, Inc.	UnitedHealthcare of Tennessee, Inc.
PacifiCare of Washington, Inc.	UnitedHealthcare of Utah, Inc.
	UnitedHealthcare of Wisconsin, Inc.
	UnitedHealthcare Insurance Company of New York
Unison Health Plan of Tennessee, Inc.	
Unison Health Plan of Ohio, Inc	
Unison Health Plan of Pennsylvania, Inc	
AmeriChoice of New Jersey, Inc.	
Arizona Physicians IPA, Inc.	
Great Lakes Health Plan, Inc.	

Affiliates offering Medicare Advantage Private Fee for Service Plans

UnitedHealthcare Insurance Company
UnitedHealthcare Insurance Company of New York (New York residents)

Affiliates offering Non-AARP Branded Med Supp Plans in filed and approved areas

PacifiCare Life and Health Insurance Company
PacifiCare Life Assurance Company
UnitedHealthcare Insurance Company
UnitedHealthcare Insurance Company of New York (New York residents)

Affiliates offering AARP Branded Med Supp Plans in filed and approved areas

UnitedHealthcare Insurance Company

UnitedHealthcare Insurance Company of New York (New York residents)

Affiliates offering AARP Branded 50-64 Indemnity Products in filed and approved areas

UnitedHealthcare Insurance Company

UnitedHealthcare Insurance Company of New York (New York residents)

VIII. SERVICE AREA

Agent is authorized to market and promote Products only in the Service Areas (a complete listing of which is available to the Agent by the Company) within the jurisdiction(s) in which Agent is approved and authorized to operate in by the Company.



October 15, 2009

Re: Amendment to Agent Agreement

Dear Agent:

This "Letter Amendment" will amend your UnitedHealthcare Insurance Company Agent Agreement (the "Agreement") as follows:

1. The Agreement is hereby amended to include both the (i) Revised 2009 MA and PDP Annual Commission Schedule attached hereto as Exhibit 1 and (ii) 2010 MA and PDP Annual Commission Schedule attached hereto as Exhibit 2. The Revised 2009 MA Annual Commission Schedule shall apply to all new and renewal enrollments for CMS Contract Year 2009 effective on or after September 1, 2009 in all states other than New Jersey, and for New Jersey, the Revised 2009 MA Annual Commission Schedule shall apply to all new and renewal enrollments for CMS Contract Year 2009 effective on or after January 1, 2009. The Revised 2009 PDP Annual Commission Schedule shall apply to all new and renewal enrollments for CMS Contract Year 2009 effective on or after September 1, 2009 in all states. The 2010 MA and PDP Annual Commission Schedule shall apply to all new and renewal enrollments for CMS Contract Year 2010 effective on or after January 1, 2010. Notwithstanding any other provisions of the Agreement, the Company may, at any time, elect to terminate or suspend sales of any Product or Products in any or all service areas or regions. In such event, the Company shall provide written notice to Agent specifying the effective date of such termination or suspension, which effective date shall be at least thirty (30) days after the date on which such written notice is furnished to Agent or such shorter period as may be required under applicable law.
2. The definition of "Medicare Laws and Regulations" in Section 1.9 of the Agreement is hereby amended to include the revised CMS "Medicare Marketing Guidelines" effective August 7, 2009 and any subsequent revisions and guidance regarding the foregoing that may be issued by CMS.
3. Section 2.2(g) of the Agreement is hereby amended by adding the following language: "Without limiting the foregoing, Agent agrees that it shall not intentionally disparage the Company or any of the Products, nor shall it act, nor neglect to act, in a manner that would injure or harm the reputation of the Company or the Products or the goodwill associated with the Company or the Products."
4. Section 2.4 of the Agreement is hereby amended by adding the following language: "The Company may from time to time contact Members and/or leads for the purpose of setting up an appointment between the Member and/or lead and Agent to discuss and market the Company's Plans. In such event, the Company authorizes Agent to act on behalf of the Company for the sole and limited purpose of meeting with the Member or lead, as applicable, during the scheduled appointment, to discuss and market the Company's Plans and for no other purpose. Agent shall discontinue all discussions and marketing of the Company's Plans and end the scheduled appointment if Agent determines that the Company's Plans are not the best Plans to meet the Member's or lead's needs. Agent shall comply with the provisions of this Agreement and Medicare Laws and Regulations and any additional directions or guidance issued by the Company when meeting with any Member or lead identified by the Company and discussing or marketing the Company's Plans to any Member or lead identified by the Company. All information regarding Members or Leads furnished by the Company to Agent shall be subject to the confidentiality provisions of the Agreement, including but not limited to the provisions of the Business Associate Addendum, and all

Medicare Laws and Regulations, and Agent shall treat all such information in compliance with such confidentiality provisions and Medicare Laws and Regulations.”

5. Section 5.3(b) of the Agreement is hereby amended to read in full as follows: “5.3 This Agreement will terminate automatically upon the occurrence of any of the following events: (b) If Agent is a partnership, upon the death of any partner or any change in the partners composing the partnership, or dissolution of the partnership for any reason; provided, however, this Agreement shall continue in full force and effect if (i) the partnership and partners continuing the business of Agent (the “Continuing Partners”) immediately provide written notification to the Company of such death, change or dissolution, which notification specifies the Continuing Partners and documents that the Continuing Partners meet all requirements of Agent under this Agreement, and (ii) the Company consents to the Continuing Partners, which consent shall not be unreasonably withheld, and (iii) the Continuing Partners execute a new agreement or other documentation reasonably required by the Company to continue this Agreement in full force and effect.
6. Section 5.5 of the Agreement is hereby by amended to delete and replace the second sentence of the section with the following language: “During the time such suspension is in effect, Agent may not market or promote the Products on behalf of the Company; provided, however, that the Company shall pay compensation on a quarterly basis and in accordance with the terms and conditions of this Agreement on Agent’s existing business submitted prior to the date of the suspension.”
7. In the event that Agent does not agree to the amendments set forth in this Letter Agreement, Agent must notify the Company that Agent is terminating the Agreement within thirty (30) days following the date of this Letter Amendment, in which case the Agreement shall be immediately terminated.
8. The terms and conditions set forth in the Agreement, as amended and modified by this Letter Agreement, shall continue in full force and effect. In the event there is any inconsistency or conflict between the provisions in this Letter Amendment and those in the Agreement, the provisions in this Letter Amendment will supersede and control. Unless otherwise defined in this Letter Amendment, all capitalized terms contained in this Letter Amendment shall be defined as set forth in the Agreement.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark A. Phillips", with a long horizontal flourish extending to the right.

Mark A. Phillips

Senior Vice President, Chief Sales and Distribution Officer, Ovations

Exhibit 1

**UNITED HEALTHCARE INSURANCE COMPANY
PDP AND MA PLANS
REVISED ANNUAL COMMISSION SCHEDULE FOR 2009
ENROLLMENTS EFFECTIVE ON AND AFTER SEPTEMBER 1, 2009
FOR CMS CONTRACT YEAR 2009**

I. PDP PLANS

“Initial Year” Commission -- New and Renewal Enrollments for CMS Contract Year 2009 Beginning with September 1, 2009 Effective Enrollments for All States

In accordance with CMS instructions, the Company shall initially pay Agent the “Renewal Year” commission specified below for each individual properly enrolled in a Company PDP Plan which Agent is approved and authorized to market and promote for the 2009 CMS Contract Year, beginning with September 1, 2009 effective enrollments for all states. If the individual enrollment is identified to the Company by CMS as a new/initial enrollment, the Company shall adjust the compensation paid to Agent for the individual from the “Renewal Year” commission specified below to the “Initial Year” commission specified below. **“Initial Year” commission will not be paid if the individual was already enrolled in a PDP Plan at the time of enrollment.** Payment of the “Renewal Year” commission will be made following the entry of a qualifying application into the Company’s enrollment system and validation of the producer’s credentials. Any required adjustment from the “Renewal Year” commission to the “Initial Year” commission will be made following CMS’s identification that the individual is in an IEP or new to the PDP Program.

Initial Year Commission: \$50.00

Note: The above amount will be paid for electronic enrollments only. In the event that Agent submits paper based enrollments, the Company reserves the right to charge Agent an administrative fee which will be deducted from the amount specified above. The amount of any administrative fee will be determined by the Company and made available to Agent upon request.

“Renewal Year” Commission – New and Renewal Enrollments for CMS Contract Year 2009 Beginning with September 1, 2009 Effective Enrollments for All States; Commission Payments for Subsequent CMS Contract Years

The Company shall pay Agent the following renewal commission for each individual properly enrolled in a Company PDP Plan which Agent is approved and authorized to market and promote for the 2009 CMS Contract Year beginning with September 1, 2009 effective enrollments for all states and who remains in a Company PDP Plan in subsequent CMS Contract Years. If Agent receives the “Initial Year” commission for the 2009 CMS Contract Year, Agent shall be entitled to renewal commissions for up to the number of renewal years as specified by CMS for the individual Member. If Agent receives the “Renewal Year” commission for the 2009 CMS Contract Year, Agent shall be entitled to earn renewal commissions for up to the number of renewal years specified by CMS for the individual Member.

Renewal Year Commission: \$25.00

Note: The above amount will be paid for electronic enrollments only. In the event that Agent submits paper based enrollments, the Company reserves the right to charge Agent an administrative fee which will be deducted from the amount specified above. The amount of any administrative fee will be determined by the Company and made available to Agent upon request.

II. ALL MEDICARE ADVANTAGE PLANS

“Initial Year” Commission -- New and Renewal Enrollments for CMS Contract Year 2009 Beginning with September 1, 2009 Effective Enrollments for All States Other than New Jersey (and Beginning with January 1, 2009 Effective Enrollments for New Jersey)

In accordance with CMS instructions, the Company shall initially pay Agent the “Renewal Year” commission specified below for each individual enrolled in one of the Company’s MA Plans which Agent is approved and authorized to market and promote for the 2009 CMS Contract Year, beginning with September 1, 2009 effective enrollments for all states other than New Jersey (and beginning with January 1, 2009 effective enrollments for New Jersey). If the individual enrollment is identified to the Company by CMS as a new/initial enrollment, the Company shall adjust the compensation paid to Agent for the individual from the “Renewal Year” commission specified below to the “Initial Year” commission specified below. **“Initial Year” commission will not be paid if the individual was already enrolled in an MA Plan at the time of enrollment.** Payment of the “Renewal Year” commission will be made following the entry of a qualifying application into the Company’s enrollment system and validation of the producer’s credentials. Any required adjustment from the “Renewal Year” commission to the “Initial Year” commission will be made following CMS’s identification that the individual is in an IEP or new to the MA Program.

Initial Year Commission

CALIFORNIA/NEW JERSEY: \$500

CONNECTICUT/PENNSYLVANIA/DISTRICT OF COLUMBIA: \$450.00

ALL OTHER STATES: \$400.00

Note: The above amount will be paid for electronic enrollments only. In the event that Agent submits paper based enrollments, the Company reserves the right to charge Agent an administrative fee which will be deducted from the amount specified above. The amount of any administrative fee will be determined by the Company and made available to Agent upon request.

“Renewal Year” Commission – Renewal Enrollments for CMS Contract Year 2009 Beginning with September 1, 2009 Effective Enrollments for All States Other than New Jersey (and Beginning with January 1, 2009 Effective Enrollments for New Jersey); Commission Payments for Subsequent CMS Contract Years

The Company shall pay Agent the following renewal commission for each individual properly enrolled in one of the Company’s MA Plans which Agent is approved and authorized to market and promote for the 2009 CMS Contract Year beginning with September 1, 2009 effective enrollments for all states other than New Jersey (and beginning with January 1, 2009 effective enrollments for New Jersey) and who remain in a Company MA Plan in subsequent CMS Contract Years. If Agent receives the “Initial Year” commission for the 2009 CMS Contract Year, Agent shall be entitled to earn renewal commissions for up to the number of renewal years as specified by CMS for the individual Member. If Agent receives the “Renewal Year” commission for the 2009 CMS Contract Year, Agent shall be entitled to earn renewal commissions for up to the number of renewal years as specified by CMS for the individual Member.

Renewal Year Commission

CALIFORNIA/NEW JERSEY: \$250.00

CONNECTICUT/PENNSYLVANIA/DISTRICT OF COLUMBIA: \$225.00

ALL OTHER STATES: \$200.00

Note: The above amount will be paid for electronic enrollments only. In the event that Agent submits paper based enrollments, the Company reserves the right to charge Agent an administrative fee which will be deducted from the amount specified above. The amount of any administrative fee will be determined by the Company and made available to Agent upon request.

Non-Commissionable Counties for Specified HMO, PPO, AmeriChoice/Evercare Dual SNP and Evercare Institutional SNP Plans

Product	Counties
SecureHorizons MedicareComplete Choice (R5342-001 & -002), Evercare Plan for People with Chronic Illness (R5342-004), Evercare Plan for People with Limited Income (R5342-003)	New York: Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk and Westchester
AARP MedicareComplete Choice Plan 2 (R5287-001), AARP MedicareComplete Choice Plan 3 (R5287-002), Evercare Plan RDP (R5287 003)	Florida: Miami-Dade, Broward, Palm Beach
Massachusetts Evercare Plan DP (H2228 004)	Massachusetts: All counties where the product is sold
Massachusetts AARP® MedicareComplete® Choice Regional Preferred Provider Organization (R7444-001)	Massachusetts: Barnstable, Dukes, Essex, Franklin, Middlesex, Norfolk, Suffolk, Nantucket, Plymouth

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

**In addition, for applications written after January 16, 2009, no commissions will be paid for SecureHorizons® MedicareDirect Plan 150 (H5435-027) or Rx Plan 100 (H5435-020) in all counties in Wisconsin where the products are sold

Exhibit 2

UNITED HEALTHCARE INSURANCE COMPANY PDP AND MA PLANS ANNUAL COMMISSION SCHEDULE FOR 2010

I. PDP PLANS

“Initial Year” Commission -- New Enrollments for CMS Contract Year 2010

In accordance with CMS instructions, the Company shall initially pay Agent the “Renewal Year” commission specified below for each individual properly enrolled in a Company PDP Plan which Agent is approved and authorized to market and promote for the 2010 CMS Contract Year, beginning with January 1, 2010 effective enrollments. If the individual enrollment is identified to the Company by CMS as a new/initial enrollment, the Company shall adjust the compensation paid to Agent for the individual from the “Renewal Year” commission specified below to the “Initial Year” commission specified below. **“Initial Year” commission will not be paid if the individual was already enrolled in a PDP Plan at the time of enrollment.** Payment of the “Renewal Year” commission will be made following the entry of a qualifying application into the Company’s enrollment system and validation of the producer’s credentials. Any required adjustment from the “Renewal Year” commission to the “Initial Year” commission will be made following CMS’s identification that the individual is in an IEP or new to the PDP Program.

Initial Year Commission: \$53.00

Note: The above amount will be paid for electronic enrollments only. In the event that Agent submits paper based enrollments, the Company reserves the right to charge Agent an administrative fee which will be deducted from the amount specified above. The amount of any administrative fee will be determined by the Company and made available to Agent upon request.

“Renewal Year” Commission – Renewal Enrollments for CMS Contract Year 2010; Subsequent CMS Contract Years for New Enrollments and Renewal Enrollments for CMS Contract Year 2010

The Company shall pay Agent the following renewal commission for each individual properly enrolled in a Company PDP Plan which Agent is approved and authorized to market and promote for the 2010 CMS Contract Year beginning with January 1, 2010 effective enrollments and who remains in a Company PDP Plan in subsequent CMS Contract Years. If Agent receives the “Initial Year” commission for the 2010 CMS Contract Year, Agent shall be entitled to renewal commissions for up to the number of renewal years as specified by CMS for the individual Member. If Agent receives the “Renewal Year” commission for the 2010 CMS Contract Year, Agent shall be entitled to earn renewal commissions for up to the number of renewal years specified by CMS for the individual Member.

Renewal Year Commission: \$26.50

Note: The above amount will be paid for electronic enrollments only. In the event that Agent submits paper based enrollments, the Company reserves the right to charge Agent an administrative fee which will be deducted from the amount specified above. The amount of any administrative fee will be determined by the Company and made available to Agent upon request.

II. ALL MEDICARE ADVANTAGE PLANS

“Initial Year” Commission -- New Enrollments for CMS Contract Year 2010

In accordance with CMS instructions, the Company shall initially pay Agent the “Renewal Year” commission specified below for each individual enrolled in one of the Company’s MA Plans which Agent is approved and authorized to market and promote for the 2010 CMS Contract Year, beginning with January 1, 2010 effective enrollments. If the individual enrollment is identified to the Company by CMS as a new/initial enrollment, the Company shall adjust the compensation paid to Agent for the individual from the “Renewal Year” commission specified below to the “Initial Year” commission specified below. **“Initial Year” commission will not be paid if the individual was already enrolled in an MA Plan at the time of enrollment.** Payment of the “Renewal Year” commission will be made following the entry of a qualifying application into the Company’s enrollment system and validation of the producer’s credentials. Any required adjustment from the “Renewal Year” commission to the “Initial Year” commission will be made following CMS’s identification that the individual is in an IEP or new to the MA Program.

Initial Year Commission

CALIFORNIA/NEW JERSEY: \$504.00

CONNECTICUT/PENNSYLVANIA/DISTRICT OF COLUMBIA: \$454.00

ALL OTHER STATES: \$403.00

Note: The above amount will be paid for electronic enrollments only. In the event that Agent submits paper based enrollments, the Company reserves the right to charge Agent an administrative fee which will be deducted from the amount specified above. The amount of any administrative fee will be determined by the Company and made available to Agent upon request.

“Renewal Year” Commission – Renewal Enrollments for CMS Contract Year 2010; Subsequent CMS Contract Years for New Enrollments and Renewal Enrollments for CMS Contract Year 2010

The Company shall pay Agent the following renewal commission for each individual properly enrolled in one of the Company’s MA Plans which Agent is approved and authorized to market and promote for the 2010 CMS Contract Year beginning with January 1, 2010 effective enrollments and who remain in a Company MA Plan in subsequent CMS Contract Years. If Agent receives the “Initial Year” commission for the 2010 CMS Contract Year, Agent shall be entitled to earn renewal commissions for up to the number of renewal years as specified by CMS for the individual Member. If Agent receives the “Renewal Year” commission for the 2010 CMS Contract Year, Agent shall be entitled to earn renewal commissions for up to the number of renewal years as specified by CMS for the individual Member.

Renewal Year Commission

CALIFORNIA/NEW JERSEY: \$252.00

CONNECTICUT/PENNSYLVANIA/DISTRICT OF COLUMBIA: \$227.00

ALL OTHER STATES: \$201.50

Note: The above amount will be paid for electronic enrollments only. In the event that Agent submits paper based enrollments, the Company reserves the right to charge Agent an administrative fee which will be deducted from the amount specified above. The amount of any administrative fee will be determined by the Company and made available to Agent upon request.

Non-Commissionable Counties for Specified HMO, PPO, AmeriChoice/Evercare Dual SNP and Evercare Institutional SNP Plans

Product	Counties
SecureHorizons MedicareComplete Choice (R5342-001 & -002), Evercare Plan for People with Chronic Illness (R5342-004), Evercare Plan for People with Limited Income (R5342-003)	New York: Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk and Westchester
AARP MedicareComplete Choice Plan 2 (R5287-001), AARP MedicareComplete Choice Plan 3 (R5287-002), Evercare Plan RDP (H5287 003)	Florida: Miami-Dade, Broward, St. Lucie
Evercare Plan DH (H3379 036)	New York: Bronx, Kings, New York, Queens, Richmond
Massachusetts AARP® MedicareComplete® Choice Regional Preferred Provider Organization (R7444-001)	Massachusetts: Barnstable, Bristol, Dukes, Essex, Franklin, Hampshire, Middlesex, Norfolk, Suffolk, Nantucket, Plymouth, Worcester
Evercare Plan DH (H0303-034)	Arizona: Maricopa, Pima, Pinal
Evercare Plan DP (H0710 002)	Connecticut: Fairfield, Hartford, Litchfield, New Haven, Tolland, Windham
Evercare Plan RDP (R3175 003)	Hawaii: Honolulu

Non-Commissionable Counties for PFFS Plans

MINNESOTA

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

WISCONSIN

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

NORTH DAKOTA

BARNES
CASS
DICKEY
LAMOURE
RANSOM
RICHLAND
SARGENT
STUTSMAN
TRAIL

EXHIBIT C

Medicare Regulatory Addendum

This Addendum shall apply to the services provided by Agent pursuant to the Agreement related to the Company's MA Plans and PDP Plans. With respect to the rendering of such services, the provisions of this Addendum shall prevail over any provision in the Agreement, which may conflict or appear inconsistent with any provision in this Addendum. Unless otherwise defined in this Addendum, all capitalized terms contained in the Addendum shall be defined as set forth in the Agreement.

1. Delegated Activities. The following shall apply with respect to any activities for which the Company is responsible under the CMS Contract, and that have been delegated to Agent under the Agreement:
 - (a) Agent shall provide or arrange for the provision of the services set forth in the Agreement.
 - (b) Agent shall comply with any existing reporting responsibilities as are set forth in the Agreement.
 - (c) Agent shall comply with all applicable Medicare laws, regulations and CMS instructions, and cooperate with the Company in its efforts to comply with the laws, regulations and other requirements of applicable regulatory authorities. Agent shall perform the services set forth in the Agreement in a manner consistent with and in compliance with the Company's contractual obligations under the CMS Contract.
 - (d) Agent acknowledges that the Company oversees on an on-going basis, and is ultimately accountable to CMS for, any functions or responsibilities that are contained in the CMS Contract, including those that Agent has agreed to perform in accordance with the Agreement. In instances where CMS or the Company determines that Agent has not performed satisfactorily, or has failed to meet all reporting and disclosure requirements in a timely manner, the Company has the right to revoke and assume the delegated activities or reporting and disclosure requirements upon written notice to Agent, or the Company may terminate the Agreement upon 45 days advance written notice to Agent. Agent shall cooperate with the Company regarding any delegated activities or reporting and disclosure requirements, which have been revoked and assumed by the Company.
 - (e) If Agent has any arrangements with affiliates, subsidiaries or any other sub-contractors (collectively, "subcontractors"), directly or through another person or entity, to perform any of the services Agent is obligated to perform under the Agreement that is the subject of this Addendum, Agent shall ensure that all such arrangements are in writing and duly executed. Agent shall also ensure that all such agreements are duly amended to incorporate the terms contained in this Addendum, and shall provide notice to the Company of such amendment. Agent shall ensure that the terms of this Addendum are included in all future and pending agreements with subcontractors that relate to the same subject matter. Agent shall ensure that any such delegation or subcontract shall be performed by the subcontractor in accordance with the Company's contractual obligations to CMS, Agent's contractual obligation under this Agreement, and in compliance with all applicable Medicare Laws and Regulations and the requirements of this Addendum. Agent further agrees to promptly amend the agreements with subcontractors, in the manner requested by the Company, to meet any additional CMS requirements. In the event that any sub-contractor fails or is unable (for any reason whatsoever) to perform in a satisfactory manner any services Agent is obligated to perform under the Agreement, then the Company or CMS shall have the right to suspend, revoke or terminate the arrangement with the sub-contractor effective upon the date set forth in a written notice furnished to Agent. Additionally, the Company or CMS shall have the right to institute corrective action plans or seek other remedies or curative measures respecting the unsatisfactory performance consistent with applicable Medicare Laws and Regulations.

- (f) Agent represents and warrants that Agent has not been (i) listed as debarred, excluded, or otherwise ineligible for participation in federal health care programs; or (ii) convicted of a criminal felony. Agent agrees to notify the Company in writing immediately if, at any time during the term of the Agreement, Agent is (i) listed as debarred, excluded, or otherwise ineligible for participation in federal health care programs; or (ii) convicted of a criminal felony, in which case the Company may terminate the Agreement pursuant to the applicable provision in this Agreement, or take such other corrective or remedial action as warranted under the circumstances.
2. Federal Funds. Agent acknowledges that the Company receives payments in whole or in part from federal funds, and Agent is subject to certain laws that are applicable to individuals and entities receiving federal funds.
3. Records.
- (a) Maintenance and Accuracy Records. Agent will maintain all pertinent records and information related to the services rendered by Agent under the Agreement in an accurate and timely manner.
- (b) Access to Records.
- (i) The Company, the Secretary of Health and Human Services (the “Secretary”), the Comptroller General or their designees shall have the right to audit, evaluate or inspect any books, contracts, records, documentation and other information that pertains to: (1) the services performed under the Agreement; (2) determination of amounts payable; or (3) other relevant matters as such person conducting the audit, evaluation or inspection deems necessary.
- (ii) The right described above shall extend through 10 years from the final date of the applicable CMS Contract period or completion of audit, whichever is later; provided, however, that such access may be required for a longer time period if: (1) CMS determines that there is a special need to retain a particular record or group of records for a longer period and CMS provides notice at least 30 days before the normal disposition date; (2) CMS determines that there has been a termination, dispute, fraud or similar fault, in which case the retention may be extended to 10 years from the date of any resulting final resolution of the matter; or (3) CMS determines that there is a reasonable possibility of fraud, in which case it may perform the inspection, evaluation or audit at any time.
- (iii) For the purpose of conducting the above activities, Agent shall make available its premises, physical facilities and equipment, records relating to the services provided under the Agreement, and any additional relevant information that the Company or CMS may require.
- (c) Confidentiality. The Company and Agent shall abide by all federal and state laws regarding confidentiality and disclosure of records and information including, but not limited to, the requirements established by the Company and CMS, as applicable.
4. Regulatory Amendment. The Company may amend this Addendum to comply with the requirements of state and federal regulatory authorities, and shall give written notice to Agent of such amendment and its effective date. Unless such regulatory authorities direct otherwise, the signature of Agent will not be required.
5. Member Hold Harmless. Agent shall not, in any event (including, without limitation, non-payment of any compensation hereunder, bankruptcy or insolvency of an Affiliate or breach of this Agreement), bill, charge, collect a deposit from, seek compensation or remuneration or reimbursement from, hold responsible, or otherwise have any recourse against any actual or prospective Member for any amounts otherwise payable to Agent pursuant to this Agreement or otherwise.

EXHIBIT D

HIPAA Business Associate Addendum

This Business Associate Addendum (“Addendum”) is incorporated into the attached Agent Agreement (the “Agreement”). This Addendum supplements, amends, and is made a part of any and all HIPAA Related Agreements. The term “HIPAA Related Agreements” means the Agreement and any and all agreements in effect as of the date of full execution of the Agreement and any and all agreements entered into any time thereafter by and between the Company and Agent (herein, “Business Associate”) under which Business Associate has created or received and/or may create or receive Protected Health Information (as defined below) from or on behalf of the Company.

Recitals

- A. The Company and Business Associate are parties to one or more HIPAA Related Agreements pursuant to which Business Associate provides certain services to the Company, and, in connection with those services, the Company discloses to Business Associate certain protected health information as defined at 45 CFR § 160.103 (the “Protected Health Information”) that is subject to protection under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA,” found at Public Law 94-191), and certain regulations promulgated by the U.S. Department of Health and Human Services to implement certain provisions of HIPAA (the “HIPAA Privacy Rule,” 45 CFR Part 160 and 45 CFR Part 164, subparts “A” and “E”).
- B. The Company is a “covered entity,” as that term is defined in the HIPAA Privacy Rule. Business Associate, as recipient of Protected Health Information from the Company under the HIPAA Related Agreements, is a “business associate” of the Company, as that term is defined in the HIPAA Privacy Rule.
- C. Pursuant to the HIPAA Privacy Rule, all business associates of the Company, as a condition of doing business with the Company, must agree in writing to certain mandatory provisions regarding, among other things, the use and disclosure of Protected Health Information. The parties agree that the obligations specified herein shall commence upon the Effective Date.
- D. The purpose of this Addendum is to satisfy the requirements of the HIPAA Privacy Rule and the HIPAA Security Rule (defined in Section 14), as well as other confidentiality and data security concerns of the Company.

IN CONSIDERATION OF THE FOREGOING and the mutual promises and covenants contain herein, the parties agree as follows:

Agreement

- 1 **Definitions.** Unless otherwise defined in this Addendum or the Agreement, capitalized terms have the same meaning as set forth in the HIPAA Privacy Rule, the HIPAA Security Rule or the Agreement.
- 2 **Applicability.** This Addendum shall be applicable to Protected Health Information (i) received by Business Associate from the Company pursuant to the HIPAA Related Agreements or (ii) created or received by Business Associate on behalf of the Company pursuant to the HIPAA Related Agreements.
- 3 **Scope of Use of Protected Health Information.** Business Associate shall not use or disclose Protected Health Information for any purpose other than (i) as permitted or required by the HIPAA Related Agreements (including this Addendum) and (ii) as otherwise required by law.

4 **Safeguards for the Protection of Protected Health Information.** Business Associate shall implement and use appropriate safeguards, including, but not limited to, any and all such safeguards directed by the Company, to ensure that Protected Health Information is not used or disclosed by Business Associate or by any subcontractors, affiliates or business associates of Business Associate, except as provided in the HIPAA Related Agreements (including this Addendum).

5 **Reporting of Unauthorized Uses or Disclosures.** Business Associate shall promptly report to the Company any use or disclosure of Protected Health Information by Business Associate or its subcontractors of which Business Associate becomes aware that is not provided for or permitted in the HIPAA Related Agreements (including this Addendum). Business Associate shall permit the Company reasonable access to Business Associate's employees and records (including electronic records) as reasonably necessary to investigate any such report.

6 **Use of Subcontractors.** To the extent that any HIPAA Related Agreement expressly permits Business Associate to use subcontractors and/or agents to perform its obligations under such HIPAA Related Agreement or to otherwise delegate performance of its obligations (if at all), Business Associate shall cause each such subcontractor, agent or delegatee to sign an agreement with Business Associate containing the same provisions and conditions related to the protection and confidentiality of Protected Health Information as those that apply to Business Associate under the applicable HIPAA Related Agreements (including this Addendum).

7 **Authorized Access to Protected Health Information.** To the extent that Business Associate maintains Protected Health Information in a Designated Record Set, at the request of the Company, Business Associate shall provide the Company (or an Individual as directed by the Company) access to such Protected Health Information in a Designated Record Set in the time and manner reasonably designated by the Company in order for the Company to meet the requirements imposed on the Company by 45 CFR § 164.524.

8 **Amendment of Protected Health Information.** To the extent that Business Associate maintains Protected Health Information in a Designated Record Set, Business Associate shall make any amendment(s) to Protected Health Information in a Designated Record Set that the Company directs or agrees to pursuant to 45 CFR § 164.526 and in the time and manner reasonably designated by the Company.

9 **Accounting of Disclosures of Protected Health Information.** Business Associate shall keep records of all disclosures of Protected Health Information made by Business Associate (the "Disclosure Accounting") on an ongoing basis for a period of at least six (6) years (or such longer period as may be required by the HIPAA Related Agreements or by applicable law), except for disclosures:

- (i) To carry out Treatment, Payment, or Health Care Operations, as provided in 45 CFR § 164.502;
- (ii) To individuals of Protected Health Information about them as provided in 45 CFR § 164.502; or
- (iii) That occurred prior to April 14, 2003.

At a minimum, the Disclosure Accounting shall contain:

- (a) The date of the disclosure;
- (b) The name of the entity or person to whom or which the Protected Health Information was provided and, if known, the address of such entity or person;
- (c) A brief description of the Protected Health Information disclosed; and
- (d) A brief statement of the purpose of the disclosure that reasonably informs the Individual of the basis for the disclosure or, in lieu of such statement, a copy of the Individual's written authorization or request for disclosure pursuant to the HIPAA Privacy Rule.

Business Associate shall provide the Disclosure Accounting to the Company (or to an Individual, if so directed by the Company) within sixty (60) days of receiving a written request therefor from the Company.

10 **Right to Audit.** Upon the request of the Company and/or the Secretary of the Department of Health and Human Services, Business Associate shall make its practices, books and records related to Protected Health

Information available to the Secretary of the Department of Health and Human Services for the purpose of determining the Company's compliance with the HIPAA Privacy Rule.

11 **Future Confidentiality of Protected Health Information.** Upon the expiration or earlier termination of any HIPAA Related Agreement for any reason, Business Associate shall return to the Company, or, at the Company's direction, delete, purge and destroy, all Protected Health Information (in any form, recorded on any medium, or stored in any storage system) that was created or obtained pursuant to that terminated HIPAA Related Agreement (and that Business Associate does not need to maintain to perform its obligations under any then-existing HIPAA Related Agreement) and shall retain no copies of such information. If Business Associate destroys Protected Health Information, an officer of Business Associate shall certify such destruction to the Company in writing. If such return or destruction is not feasible, Business Associate shall extend the protections of this Addendum to the information and shall limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible.

12 **Termination in Event of Breach.** In the event that Business Associate violates any material term of any HIPAA Related Agreement (including this Addendum), the Company may terminate the HIPAA Related Agreement immediately by providing written notice of such termination to Business Associate.

13 **Indemnification.** Business Associate agrees that it shall be financially responsible for, and agrees that it shall defend, indemnify, and hold harmless, the Company (including its corporate affiliates and each of its and their shareholders, affiliates, officers, directors, employees, agents, attorneys, successors, successors-in-interest, and assigns) from and against any and all claims, causes of action, suits, litigation, proceedings, complaints, demands, charges, liens, disputes, obligations, damages, losses, debts, indebtedness, liabilities, costs (including settlement costs and costs of investigation), expenses and fees (including reasonable attorneys' fees) arising out of or in connection with Business Associate's actions and omissions involving Protected Health Information relating to enrollees, subscribers, insureds, customers, or patients of the Company. The provisions of this Section 13 shall survive the expiration or earlier termination of this Addendum.

14 **Data Security.** Business Associate agrees that it shall:

- (a) Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the Electronic Protected Health Information that it creates, receives, maintains, or transmits on behalf of the Company as required by 45 CFR, Part 164, Subpart "C."
- (b) Ensure that any agent, including a subcontractor, to whom Vendor provides Electronic Protected Health Information agrees to implement reasonable and appropriate safeguards to protect such Electronic Protected Health Information; provided, however, that Vendor shall not assign, delegate or subcontract any obligation of Vendor owed by the Company in violation of the Agreement.
- (c) Report to the Company promptly any Security Incident of which Business Associate becomes aware.
- (d) Mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Addendum or the Agreement.

15 **Amendments.** The parties shall negotiate in good faith any amendments to this Addendum or a replacement of this Addendum to the extent necessary in order to maintain compliance with applicable laws and regulations.

16 **Effect on HIPAA Related Agreements.** Except as amended herein, all terms of all of the HIPAA Related Agreements shall remain in full force and effect.

17 **Construction.** Any ambiguity in this Addendum shall be resolved in favor of a meaning that complies with HIPAA, the HIPAA Privacy Rule, and the HIPAA Security Rule.

18 **Agent Liaison Function.** If a Member requests Business Associate's assistance, Business Associate may request and receive from the Company information related to Member inquiries, including issues relating to: enrollment and disenrollment; premium payment; claims payment; network and non-network providers (including availability and access issues); and other questions or issues posed by the Member regarding the administration of their plan. Business Associate shall promptly transmit all relevant information provided by the Company to Member. Business Associate acknowledges that, as a business associate of the Company, Business Associate is prohibited by law and this Agreement from disclosing Protected Health Information to any plan sponsor (such as an employer, labor union, trust, organization or association) or any other third party unless the Member has executed a valid, written authorization, permitting the Company and Business Associate to disclose the information to that party.

EXHIBIT E

Branded Products Addendum

This Branded Products Addendum (“Addendum”) specifies additional terms and conditions which shall apply to Agent and its representatives with respect to the solicitation of Products which are branded by AARP (collectively, the “AARP Products”). A listing of the AARP Products is included as Exhibit 1 to this Addendum. This Addendum supplements, amends and is made a part of the United HealthCare Insurance Company Agent Agreement, including any and all exhibits, addenda and any amendments thereto (the “Agreement”), as set forth herein.

RECITALS

- A. The Company and AARP Services, Inc. (“ASI”) have agreed to establish a program whereby AARP provides a license to its name with respect to the AARP Products and the Company solicits applications for such AARP Products to the general membership of AARP (the “AARP Members”).
- B. The Company wishes to authorize the Agent to solicit applications for AARP Products, and the Agent wishes to accept such authorization, subject to the terms and conditions set forth in this Addendum.
- C. The parties acknowledge and agree that ASI shall be a third-party beneficiary of this Addendum and shall receive the benefits contemplated by this Addendum to the extent specified herein.
- D. This Addendum does not restrict the ability of the Agent to solicit other insurance products to customers provided that such other products are appropriate for such customers, and such products are issued by qualified carriers as described herein.

NOW THEREFORE, in consideration of the foregoing and the mutual promises and covenants contained herein, the Company and Agent hereby agree as follows:

AGREEMENT

1. **Definitions.** Unless otherwise defined in this Addendum, all capitalized terms contained in this Addendum have the same meanings assigned to such terms in the Agreement. “AARP” is defined to include ASI, AARP and their affiliates, as applicable.
2. **Acknowledgement.** The Agent hereby acknowledges the importance of AARP’s reputation with AARP Members and the community. Therefore, in connection with its authorization by the Company to solicit applications for AARP Products, the Agent hereby also acknowledges the important interests of AARP in the services provided to AARP Members.
3. **Code of Ethics.** Agent agrees to comply with and adhere to the principles and obligations set forth in the Code of Ethics attached hereto as Schedule A.
4. **Agent Criteria.**
 - (a) **Disciplinary History.** Agent represents and warrants that the Agent:
 - (i) has not been the subject of a substantiated customer complaint in the last five (5) years that alleges violations of any applicable federal or state law, rule or regulation, or the principles set forth in the Code of Ethics attached as Schedule A to this Addendum or any of the prohibited marketing and selling behaviors set forth in the Sales Practices Guidelines attached as Schedule B to this Addendum. Agent acknowledges that substantiated complaints during the term of the Agreement may result in the immediate termination of Agent’s authorization to solicit AARP Products.

(ii) has not had any license(s) relating to the promotion, marketing, sale or solicitation of any insurance or other products revoked in any state due to disciplinary violations.

(iii) has informed the Company of any insurance regulatory authority investigations or examinations during the past five (5) years in any state.

(iv) has not been found to have violated any insurance or securities laws, and is not the subject of any lawsuits related to insurance or securities sales activities.

(v) has not been subject to censure, fines, or enforcement actions of, and is not the subject of any inquiry by, the Securities and Exchange Commission, the National Association of Securities Dealers, Inc., the Financial Industry Regulatory Authority, the New York Stock Exchange, or any state securities regulatory authorities with regard to any rules subject to their jurisdiction. Agent agrees to immediately notify the Company of any such lawsuits or inquiries, as well as any notice of any such lawsuits or inquiries.

(vi) is in compliance with all the requirements in this Section 4(a), and agrees to continue to comply with all such requirements, and cooperate with the Company to verify such compliance on an annual basis.

(b) Restrictions on Other Appointments. Agent agrees to solicit applications only of insurance products issued by insurers with AM Best ratings of B or better and, in order for the Company to confirm compliance with the forgoing, will provide to the Company a list of all insurance carriers for whom such Agent is authorized to solicit applications, on an annual basis, or at the request of the Company.

(c) Access to an Office. At the customer's request, Agent must have access to an office or other mutually agreed to location that is not the Agent's residence, for purposes of meeting to discuss insurance products.

The Company shall be permitted to take any actions necessary to monitor compliance with the items specified in Sections 4(a) through 4(c) above. Agent agrees to immediately notify the Company in writing if Agent is not compliant with any of such Sections at any time during the term of the Agreement.

5. Use of AARP Marks, Names and Offices.

(a) AARP Marks and Names. Agent agrees not to develop, reproduce or use any sales materials or other materials for the AARP Products without the written consent of the Company. Except for the marketing materials for the AARP Products which are provided to Agent by the Company, Agent also agrees not to use the name, trademark, or logo of AARP in any way or manner. Agent agrees not to access AARP's public website or member services to obtain any marketing materials to be given directly to customers. The restrictions on "sales materials" included in this Section 5 include, but are not limited to, the following material: enrollment materials, business cards, Internet communications or any other electronic transmissions representing AARP Products, telephone or other direct advertisements (print or electronic), producer or agency company listings and signage.

(b) AARP Offices. Agent shall not use any AARP state offices or local chapters for the sale of products. If Agent wants to participate in local chapter activities, Agent shall obtain prior written approval from AARP and the Company.

6. Sales Practice Obligations. Agent agrees that in connection with offering AARP Products, Agent will comply at all times with the Sales Practice Guidelines provided in Schedule B of this Addendum. Agent will not share commission earned on AARP Products with any person, except as may be permitted under the Agreement, and will not subcontract the marketing of the AARP Products for or through any other distribution channel.

7. Special Insurance Transactions Processing Rules.

(a) AARP Products Requiring AARP Membership. With respect to those AARP Products that require AARP membership, Agent agrees to verify the customer's membership with AARP, or with the client's written consent, enroll the customer for membership with AARP prior to submitting any applications for AARP Products. The verification and enrollment must occur through the agent web portal or through the agent services hotline as directed in the AARP Product training program. AARP membership dues must be paid separately by the customer and may not be paid directly or indirectly by Agent.

(b) Required Sales Processes. Agent agrees to follow all required Sales Practice Guidelines relating to AARP Products as specified in Schedule B to this Addendum, as well as any new processes adopted by the Company, including any Products. Agent further agrees to adopt and comply with any new processes within three (3) business days of notification.

(c) Company-Supplied Leads. If Agent accepts any supplied leads, Agent agrees to follow all Company-directed guidelines associated with those leads. Such guidelines may include, but are not limited to, (i) time to respond to a lead, (ii) number of attempts required, (iii) feedback to the Company on lead progress, meetings or other product sales, or (iv) time to return the lead to the Company on unsuccessful contact.

8. Access to Books and Records of Agent/Compliance Review and Audit.

(a) Oversight and Controls. Agent acknowledges and agrees that the Company may authorize and approve third parties, including but not limited to AARP, to conduct reviews and audits of Agent's books and records relating to the solicitation of the AARP Products to ensure that Agent is performing in compliance with the terms and conditions of the Agreement, including this Addendum.

(b) Agent Personal Data. Agent acknowledges and agrees that personal data related to Agent, including name, address, phone number, license number and sales performance, may be used in the process of screening and management of the Agent's business, and can be used by third parties that facilitate the business conducted under this Addendum.

9. Indemnification.

(a) Agent shall indemnify, defend and hold AARP and its subsidiaries harmless from and against any loss, damage, or expense, including reasonable attorneys' fees, caused by or arising from the negligence, misconduct, or breach of this Addendum by Agent, or from the failure of Agent to comply with any federal or state laws, rules or regulations. Agent acknowledges and understands that the Company has separately indemnified AARP.

(b) Agent and the Company understand and agree that AARP is a third party beneficiary to this Addendum.

10. Termination of Ability to Promote AARP Products. Notwithstanding anything to the contrary in the Agreement, Agent acknowledges and agrees that the Company may at any time suspend, restrict or terminate Agent's ability to market and solicit any AARP Products.

11. Relationship to AARP; No Joint Venture with AARP. Agent acknowledges and agrees that in no way is Agent sponsored or certified by AARP under the Agreement, including this Addendum. Agent understands that Agent is an independent contractor of the Company. Agent further acknowledges and agrees that AARP has no contractual relationship with Agent under this Agreement (except to the extent that AARP is deemed by the parties to be a third party beneficiary under this Addendum), and that Agent is not a contractor to or employee of AARP.

12. Dispute Resolution. The parties shall attempt in good faith to resolve any disputes arising out of or relating to this Addendum promptly by negotiation between representatives who have authority to settle the controversy.

SCHEDULE A

Code of Ethics

This Code of Ethics was developed to ensure that agents soliciting applications for AARP-branded products have a clear understanding of their moral and ethical responsibilities during every interaction with customers. No statement of policy can be so comprehensive that it covers all possible situations. For this reason, Agents must exercise professional judgment with respect to each work situation that arises, and seek advice when uncertainty or difficult questions remain.

Agents are expected to comply with both the letter and the spirit of this Code of Ethics. Violations of this Code of Ethics may be grounds for disciplinary action, including immediate dismissal and termination of the Agent's rights to solicit applications for the AARP Products.

Principles: An Agent shall...

Approach every interaction with integrity

To have integrity is to be fair, objective, and straightforward in all interactions. You are open, honest, and truthful; there are no hidden motives or secret agendas.

Put customers first

A customers-first philosophy is a guiding principle that should influence every decision you make. This philosophy may lead you to suggest that a customer takes a few days to review materials before arriving at a decision. Other times, it may be in the customer's best interest to select a product that is not branded by AARP, the Company or partners of the Company. Making sure that customers have the opportunity to buy the product that is right for them is paramount.

Be an expert and stay informed

You are knowledgeable about every product you sell and how different products meet different needs. You explain the benefits of products in plain language and appropriate detail so that customers completely understand each product. You display a continuous commitment to lifelong learning and professional improvement.

Display a commitment to the community

By representing AARP-branded products you agree that you are committed to the community. Working closely with community partners, you may join local teams of volunteers to perform community service.

SCHEDULE B

Sales Practice Guidelines

Prohibited Marketing and Selling Behaviors

1. Activities which are discriminatory in nature or intended to discourage beneficiary enrollment on the basis of race, physical or mental ability, ethnicity, gender, sexual orientation, creed, age, religion or national origin, cultural educational background, economic or health status, English proficiency, reading skills, or source of payment of care.
2. Activities that mislead or confuse beneficiaries or which misrepresent AARP or the Company. Such activities may include, but are not limited to:
 - (a) Claims of endorsement of AARP by CMS or the United States Government.
 - (b) Claims that CMS recommends becoming an AARP member or enrollment in an AARP Product.
 - (c) Erroneous written or verbal statements, including statements, claims or promises that conflict with or materially alter information contained in CMS approved materials.
 - (d) Claims that AARP endorses any other product in their personal portfolio.
 - (e) Claims that AARP endorses Agent as an agent, and that a recommendation from Agent is recommendation from AARP.
 - (f) Offers of gifts or payments directly or indirectly to beneficiaries or any individual in a position to influence enrollment as an inducement to enroll as an AARP Member.
 - (g) Door-to-door solicitation of AARP Members.
 - (h) Cold-calling.
 - (i) Altering or amending, in any fashion, AARP-approved materials.
 - (j) Engaging in health screenings of prospective members or in activities which could reasonably be construed to be health screening.
 - (k) Submitting fraudulent enrollment forms, or forging any enrollment form or supporting documentation.
 - (l) Distributing materials or soliciting enrollment at any healthcare delivery site while care is being delivered.
 - (m) Soliciting any endorsements or patient lists from any health providers.
 - (n) Selling leads.
 - (o) Soliciting any enrollments from beneficiaries; incompetent to complete and understand the Statement of Understanding from the enrollment form. Individuals clearly incompetent shall only be enrolled when accompanied by appropriate representation.
 - (p) Engaging in any 'bait and switch' activities or other fraudulent behaviors, including, but not limited to, overselling, churning, and "sliding" unnecessary additional policies.

(q) Engaging in aggressive selling techniques or ignoring customer needs.

3. Agents will understand a customer's unique needs and only sell a product if it fits their needs.
4. Claims that because a product is named by AARP, the customer does not need to investigate the product further.
5. If another product is more appropriate for a customer, the agent should sell a non-AARP Product if available.
6. Agent will make a "best effort" to ensure that all customers fully understand their options and the features of the products they purchase.

EXHIBIT 1

AARP Products

1. AARP MedicareComplete
2. AARP MedicareRx Plans
3. Essential Plus Health Insurance Plan
4. Essential Health Insurance Plan
5. Medicare Supplement Insurance



Date: January 7, 2010

Re: Amendment to Agent Agreement Compensation Schedule

Dear Agent:

This "Letter Amendment" will amend your United Healthcare Insurance Company Agent Agreement (the "Agreement") as follows:

The Agreement is hereby amended to supplement the commission schedule under Article V of Exhibit A of the Agreement, entitled "Medicare Supplement Insurance Plans – AARP Branded", with the commission schedule attached hereto as Exhibit 1.

The effective date of Exhibit 1 set forth in this Letter Amendment shall be March 1, 2010 and only applies to applications with effective dates on or after June 1, 2010.

The terms and conditions of this Letter Amendment are in addition to the terms and conditions set forth in the Agreement. The terms and conditions set forth in the Agreement shall continue in full force and effect. Unless otherwise defined in this Letter Amendment, all capitalized terms contained in this Letter Amendment shall be defined as set forth in the Agreement.

Per the terms and conditions of the Agreement, you must continue to be appropriately licensed and appointed, and fully trained and certified to sell any of the Products set forth in the Agreement, including the Medicare Insurance Supplement Plans which carry the AARP name. Further pursuant to the terms and conditions of the Agreement, to the extent that you may engage or employ any Solicitor Agents, you are required to ensure that the terms and conditions of this Letter Amendment are communicated to and held enforceable against such Solicitor Agents.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark A. Phillips".

Mark A. Phillips
Senior Vice President, Chief Sales and Distribution Officer, Ovations

Exhibit 1

V. MEDICARE SUPPLEMENT INSURANCE PLANS WHICH CARRY THE AARP NAME - FOR APPLICATIONS WITH EFFECTIVE DATES ON OR AFTER JUNE 1, 2010

The Company will compensate Agent as follows for each individual properly enrolled in a Medicare Supplement insurance plan which carries the AARP name (“AARP 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.

The commission payments listed below at each level are net of compensation payable to all lower sales levels. To the extent any sales level is not involved in the sale of the AARP Med Supp Plan, the compensation payable to such sales level shall roll-up and be payable to the next higher sales level. Payment will be made in the first commission payment cycle following the entry of a qualifying application into the Company’s enrollment system.

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

States: AR, MI, NJ
Plans: All available plans except A, K, and L

Years 1-6	
Agent	\$230.00

Plans A, K, L

Years 1-6	
Agent	\$115.00

States: AL, NM, UT
Plans: All available plans except A, K, and L

Years 1-6	
Agent	\$190.00

Plans A, K, L

Years 1-6	
Agent	\$95.00

States: CA, NY
Plans: All available plans except A, K, and L

Years 1-6	
Agent	\$300.00

Plans A, K, L

Years 1-6	
Agent	\$150.00

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 available plans except A, K, L, and MA Core Plan

Years 1-6	
Agent	\$210.00

Plans A, K, L, MA Core Plan

Years 1-6	
Agent	\$105.00

*TX Commission paid for Years 1 to 7

States: DC, IA, MS, MT, ND, OK, RI, VA, VT, WY
Plans: All available plans except A, K, and L

Years 1-6	
Agent	\$170.00

Plans A, K, L

Years 1-6	
Agent	\$85.00

States: AK, HI, OR, SD
Plans: All available plans except A, K, and L

Years 1-6	
Agent	\$150.00

Plans A, K, L

Years 1-6	
Agent	\$75.00

States: CO, IN
Plans: All available plans

Years 1-6	
Agent	\$150.00

States: GU, PR, VI
Plans: All available plans except A, K, and L

Years 1-6	
Agent	\$110.00

Plans A, K, L

Years 1-6	
Agent	\$55.00

States: MN*, WI*
Plans: All available plans except K, L, MN Basic Plan, and WI Basic Plan

Years 1-6	
Agent	\$230.00

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

Years 1-6	
Agent	\$150.00

*Commissions not payable for riders in MN and WI

States: WV*
Plans: All available plans except A, K, and L

Years 1-5	
Agent	\$230.00

Plans A, K, L

Years 1-5	
Agent	\$115.00

* WV Commission paid for Years 1 to 5

States: WA
Plans: All available plans

All Years	
Agent	8.00%

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:

- a. Commissions due to Agent are based on the collected premium amount (except in Washington, where it shall be based on the current premium amount) received by Company.
- b. 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 AARP Med Supp Plan but which have been waived by the Company.
- c. A nine-month commission advance is paid on all AARP Med Supp Plan sales once the first month premium has been paid (except in (i) the state of South Dakota, or (ii) other limited circumstances as may be determined by the Company).
- d. No commission will be paid for any plan change from an existing AARP Med Supp Plan to another AARP Med Supp Plan.
- e. Commissions are not payable for any individual/applicant who is under the age of 65 as of their plan effective date except in the following states where required: CA (during the first six months of Part B enrollment for a beneficiary entitled to Medicare due to disability), CO, FL, IL, KS, ME (open enrollment only), MO, OR, PA and WI. In these states, the age 65+ commission applies.
- f. If any AARP Med Supp Plan 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 AARP Med Supp Plan unless said plan is reinstated through the direct efforts of FMO or its Representatives, as determined by the Company.
- g. Notwithstanding for commissions payable in the state of Washington, the Company shall have the right to cumulate any commissions due to Agent until such commissions equal at least twenty dollars (\$20.00).
- h. 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.
- i. Any unearned commissions will be recovered on lapses (terminations of coverage). In the event of death, the Agent is paid commission through the end of the month in which the member died.
- j. Any unearned commissions paid on an AARP Med Supp Plan that is terminated or surrendered will be charged back in full to all levels that were paid for that plan.
 - Charge-backs will be recovered from the next available commission check.
 - If there is not enough new business to offset this charge-back, the balance of the charge-back is rolled to the next commission statement. This continues until the charge-back is repaid in full.

- k. Commissions are not payable for any sale of an AARP Med Supp Plan to an individual who may be eligible for AARP branded coverage through intermediary organizations such as employers, unions or other groups.



Date: January 7, 2010

Re: Amendment to Agent Agreement Business Associate Addendum

Dear Agent:

As you may be aware, on February 17, 2009, Congress enacted the American Recovery and Reinvestment Act of 2009 ("ARRA" or the "Act"). ARRA and its implementing regulations impose substantial new obligations on business associates and entities covered under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). ARRA further requires that these new business associate obligations be incorporated into all business associate agreements. These new legal obligations include security breach reporting requirements that already are in effect ("Breach Regulations"). Compliance with most of the other ARRA business associate agreement provisions is required by February 17, 2010.

In order to fulfill our compliance obligations under ARRA, and in consideration for the continuation of our business relationship, this "Letter Amendment" will amend your United Healthcare Insurance Company Agent Agreement (the "Agreement") as follows:

The Agreement is hereby amended to remove, in its entirety, Exhibit C of the Agreement, entitled "HIPAA Business Associate Addendum," and replace it with the new Business Associate Addendum attached hereto as Exhibit 1.

The effective date of Exhibit 1 set forth in this Letter Amendment shall be February 17, 2010.

The terms and conditions of this Letter Amendment are in addition to the terms and conditions set forth in the Agreement. The terms and conditions set forth in the Agreement shall continue in full force and effect. Unless otherwise defined in this Letter Amendment, all capitalized terms contained in this Letter Amendment shall be defined as set forth in the Agreement.

Per the terms and conditions of the Agreement, you must continue to be appropriately licensed and appointed, and fully trained and certified to sell any of the Products set forth in the Agreement, including the Medicare Insurance Supplement Plans which carry the AARP name. Further pursuant to the terms and conditions of the Agreement, to the extent that you may engage or employ any Solicitor Agents, you are required to ensure that the terms and conditions of this Letter Amendment are communicated to and held enforceable against such Solicitor Agents.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark A. Phillips".

Mark A. Phillips
Senior Vice President, Chief Sales and Distribution Officer, Ovations

Exhibit 1

Business Associate Addendum

This Business Associate Addendum (this "Addendum") also is intended to comply with applicable obligations under Title V of the Gramm-Leach-Bliley Act (15 U.S.C. sec. 6801 et seq.) and insurance commissioner regulations implementing Title V ("GLBA") that are applicable to Covered Entity's relationship with "nonaffiliated third party service providers" to ensure the integrity and confidentiality of nonpublic personal information that Business Associate may create or receive for or from Covered Entity ("NPI").

The Parties hereby agree as follows:

1. DEFINITIONS

1.1 Unless otherwise specified in this Addendum, all capitalized terms used in this Addendum not otherwise defined in this Addendum or otherwise in the Agreement have the meanings established for purposes of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (collectively, "HIPAA") and ARRA, as each is amended from time to time. Capitalized terms used in this Addendum that are not otherwise defined in this Addendum and that are defined in the Agreement shall have the respective meanings assigned to them in the Agreement. To the extent a term is defined in both the Agreement and in this Addendum, HIPAA or ARRA, the definition in this Addendum, HIPAA or ARRA shall govern.

1.2 "Affiliate" for purposes of this Addendum, shall mean any entity that is a subsidiary of UnitedHealth Group.

1.3 "ARRA" shall mean Subtitle D of the Health Information Technology for Economic and Clinical Health Act provisions of the American Recovery and Reinvestment Act of 2009, 42 U.S.C. §§17921-17954, and any and all references in this Addendum to sections of ARRA shall be deemed to include all associated existing and future implementing regulations, when and as each is effective.

1.4 "Breach" shall mean the acquisition, access, use or disclosure of PHI in a manner not permitted by the Privacy Rule that compromises the security or privacy of the PHI as defined, and subject to the exceptions set forth, in 45 C.F.R. 164.402.

1.5 "Compliance Date" shall mean, in each case, the date by which compliance is required under the referenced provision of ARRA and/or its implementing regulations, as applicable; provided that, in any case for which that date occurs prior to the effective date of this Addendum, the Compliance Date shall mean that effective date of this Addendum.

1.6 "Electronic Protected Health Information" ("ePHI") shall mean PHI as defined in Section 1.7 that is transmitted or maintained in electronic media.

1.7 "PHI" shall mean Protected Health Information, as defined in 45 C.F.R. § 160.103, and is limited to the Protected Health Information received from, or received or created on behalf of, Covered Entity by Business Associate pursuant to performance of the Services.

1.8 "Privacy Rule" shall mean the federal privacy regulations issued pursuant to the Health Insurance Portability and Accountability Act of 1996, as amended from time to time, codified at 45 C.F.R. Parts 160 and 164 (Subparts A & E).

1.9 “Security Rule” shall mean the federal security regulations issued pursuant to the Health Insurance Portability and Accountability Act of 1996, as amended from time to time, codified at 45 C.F.R. Parts 160 and 164 (Subparts A & C).

1.10 “Services” shall mean, to the extent and only to the extent they involve the creation, use or disclosure of PHI, the services provided by Business Associate to Covered Entity under the Agreement, as amended by written agreement of the Parties from time to time.

2. RESPONSIBILITIES OF BUSINESS ASSOCIATE

With regard to its use and/or disclosure of PHI, Business Associate agrees to:

2.1 use and/or disclose PHI only as necessary to provide the Services, as permitted or required by this Addendum, and in compliance with each applicable requirement of 45 C.F.R. § 164.504(e) or as otherwise Required by Law.

2.2 implement and use appropriate administrative, physical and technical safeguards to (i) prevent use or disclosure of PHI other than as permitted or required by this Addendum; (ii) reasonably and appropriately protect the confidentiality, integrity, and availability of the ePHI that Business Associate creates, receives, maintains, or transmits on behalf of the Covered Entity; and (iii) as of the Compliance Date of 42 U.S.C. § 17931, comply with the Security Rule requirements set forth in 45 C.F.R. §§ 164.308, 164.310, 164.312, and 164.316.

2.3 without unreasonable delay, and in any event on or before the next business day after the date of its discovery by Business Associate, report to Covered Entity: (i) any use or disclosure of PHI not provided for by this Addendum of which it becomes aware in accordance with 45 C.F.R. § 164.504(e)(2)(ii)(C); and/or (ii) any Security Incident of which Business Associate becomes aware in accordance with 45 C.F.R. § 164.314(a)(2)(C).

2.4 without unreasonable delay, and in any event on or before the next business day after the date of its discovery by Business Associate, notify Covered Entity of any incident that involves an unauthorized acquisition, access, use, or disclosure of PHI, even if Business Associate believes the incident will not rise to the level of a Breach. The notification shall include, to the extent possible, and shall be supplemented on an ongoing basis with: (i) the identification of all individuals whose Unsecured PHI was or is believed to have been involved, (ii) all other information reasonably requested by Covered Entity to enable Covered Entity to perform and document a risk assessment in accordance with 45 C.F.R. Part 164 subpart D with respect to the incident to determine whether a Breach of Unsecured PHI occurred, and (iii) all other information reasonably necessary to provide notice to individuals, HHS and/or the media, all in accordance with the data breach notification requirements set forth in 42 U.S.C. § 17932 and 45 C.F.R. Parts 160 & 164 subparts A, D, & E as of their respective Compliance Dates. Notwithstanding the foregoing, in Covered Entity’s sole discretion and in accordance with its directions, Business Associate shall conduct, or pay the costs of conducting, an investigation of any incident required to be reported under this Section 2.4 and shall pay the costs of providing, the required notices as set forth in this Section 2.4 or as may be required by state law and/or state and federal regulatory agencies.

2.5 require all of its subcontractors and agents that create, receive, maintain, or transmit PHI to agree, in writing, to the same restrictions and conditions on the use and/or disclosure of PHI that apply to Business Associate; including but not limited to the extent that Business Associate provides ePHI to a subcontractor or agent, it shall require the subcontractor or agent to implement reasonable and appropriate safeguards to protect the ePHI consistent with the requirements of this Addendum and including, at a minimum, compliance with the requirements of Section 2.4.

2.6 make available its internal practices, books, and records relating to the use and disclosure of PHI to the Secretary for purposes of determining Covered Entity's compliance with the Privacy Rule.

2.7 document, and within thirty (30) days after receiving a written request from Covered Entity, make available to Covered Entity information necessary for Covered Entity to make an accounting of disclosures of PHI about an Individual or, when and as directed by Covered Entity, make that information available directly to an Individual, all in accordance with 45 C.F.R. § 164.528 and, as of its Compliance Date, in accordance with the requirements for accounting for disclosures made through an Electronic Health Record in 42 U.S.C. 17935(c).

2.8 provide access to Covered Entity, within thirty (30) days after receiving a written request from Covered Entity, to PHI in a Designated Record Set about an Individual, or when and as directed by Covered Entity, provide that access directly to an Individual, all in accordance with the requirements of 45 C.F.R. § 164.524.

2.9 notwithstanding Section 2.8, in the event that Business Associate in connection with the Services uses or maintains an Electronic Health Record of PHI of or about an Individual, then Business Associate shall provide an electronic copy (at the request of Covered Entity, and in the reasonable time and manner requested by Covered Entity) of the PHI, to Covered Entity or, when and as directed by Covered Entity, directly to an Individual or a third party designated by the Individual, all in accordance with 42 U.S.C. § 17935(e) as of its Compliance Date.

2.10 to the extent that the PHI in Business Associate's possession constitutes a Designated Record Set, make available, within thirty (30) days after a written request by Covered Entity, PHI for amendment and incorporate any amendments to the PHI as directed by Covered Entity, all in accordance with 45 C.F.R. § 164.526.

2.11 accommodate reasonable requests for confidential communications in accordance with 45 C.F.R. § 164.522(b), as directed by Covered Entity.

2.12 notify Covered Entity in writing within three (3) days after its receipt directly from an Individual of any request for an accounting of disclosures, access to, or amendment of PHI or for confidential communications as contemplated in Sections 2.7-2.11.

2.13 request, use and/or disclose only the minimum amount of PHI necessary to accomplish the purpose of the request, use or disclosure; provided, that Business Associate shall comply with 42 U.S.C. § 17935(b) as of its Compliance Date.

2.14 not directly or indirectly receive remuneration in exchange for any PHI as prohibited by 42 U.S.C. § 17935(d) as of its Compliance Date.

2.15 not make or cause to be made any communication about a product or service that is prohibited by 42 U.S.C. § 17936(a) as of its Compliance Date.

2.16 not make or cause to be made any written fundraising communication that is prohibited by 42 U.S.C. § 17936(b) as of its Compliance Date.

2.17 mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate that is not permitted by the requirements of this Addendum.

2.18 comply with all applicable federal, state and local laws and regulations.

2.19 not use, transfer, transmit, or otherwise send or make available, any PHI outside of the geographic confines of the United States of America without Covered Entity's advance written consent.

2.20 Government Program Requirements. To the extent that Business Associate receives, uses or discloses PHI pertaining to individuals enrolled in managed care plans through which Covered Entity or one or more of its affiliates participate in government funded health care programs, receipt use and disclosure of the PHI pertaining to those individuals shall comply with the applicable program requirements.

2.21 Privacy and Safeguards for Financial Data. Business Associate understands and acknowledges that to the extent it is a nonaffiliated third party service provider under the GLBA and that, in the performance of the Services, Business Associate creates or receives NPI, Business Associate (i) shall not use or disclose NPI for any purpose other than to perform the Services, (ii) shall implement proper administrative, technical, and physical safeguards designed to ensure the security and confidentiality of the NPI, protect against any anticipated threats or hazards to the security or integrity of the NPI and protect against unauthorized access to or use of the NPI that could result in substantial harm or inconvenience to any Individual; and (iii) shall, for as long as Business Associate has NPI, provide and maintain proper safeguards for the NPI in compliance with this Addendum and the GLBA.

3. OTHER PERMITTED USES AND DISCLOSURES OF PHI

Unless otherwise limited in this Addendum, in addition to any other uses and/or disclosures permitted or required by this Addendum, Business Associate may:

3.1 use and disclose to subcontractors and agents the PHI in its possession for its proper management and administration or to carry out the legal responsibilities of Business Associate, provided that any third party to which Business Associates discloses PHI for those purposes provides written assurances in advance that: (i) the information will be held confidentially and used or further disclosed only as Required by Law; (ii) the information will be used only for the purpose for which it was disclosed to the third party; and (iii) the third party promptly will notify Business Associate of any instances of which it becomes aware in which the confidentiality of the information has been breached.

3.2 Agent Liaison Function. If a Member requests Business Associate's assistance, Business Associate may request and receive from the Company information related to Member inquiries, including issues relating to: enrollment and disenrollment; premium payment; network and non-network providers (including availability and access issues); and other questions or issued posed by the Member regarding the administration of their plan. Business Associate shall promptly transmit all relevant information provided by the Company to Member. Business Associate acknowledges that, as a business associate of the Company, Business Associate is prohibited by law and this Agreement from

disclosing Protected Health Information to any plan sponsor (such as an employer, labor union, trust, organization or association) or any other third party unless the Member has executed a valid, written authorization, permitting the Company and Business Associate to disclose the information to that party.

4. TERMINATION AND COOPERATION

4.1 Termination. If either Party knows of a pattern of activity or practice of the other Party that constitutes a material breach or violation of this Addendum then the non-breaching Party shall provide written notice of the breach or violation to the other Party that specifies the nature of the breach or violation. The breaching Party must cure the breach or end the violation on or before thirty (30) days after receipt of the written notice. In the absence of a cure reasonably satisfactory to the non-breaching Party within the specified timeframe, or in the event the breach is reasonably incapable of cure, then the non-breaching Party may do the following:

- (i) if feasible, terminate the Agreement, including this Addendum; or
- (ii) if termination of the Agreement is infeasible, report the issue to HHS.

4.2 Effect of Termination or Expiration. Within thirty (30) days after the expiration or termination for any reason of the Agreement and/or this Addendum, Business Associate shall return or destroy all PHI, if feasible to do so, including all PHI in possession of Business Associate's agents or subcontractors. To the extent return or destruction of the PHI is not feasible, Business Associate shall notify Covered Entity in writing of the reasons return or destruction is not feasible and, if Covered Entity agrees, may retain the PHI subject to this Section 4.2. Under any circumstances, Business Associate shall extend any and all protections, limitations and restrictions contained in this Addendum to Business Associate's use and/or disclosure of any PHI retained after the expiration or termination of the Agreement and/or this Addendum, and shall limit any further uses and/or disclosures solely to the purposes that make return or destruction of the PHI infeasible.

4.3 Cooperation. Each Party shall cooperate in good faith in all respects with the other Party in connection with any request by a federal or state governmental authority for additional information and documents or any governmental investigation, complaint, action or other inquiry.

5. MISCELLANEOUS

5.1 Contradictory Terms; Construction of Terms. Any other provision of the Agreement that is directly contradictory to one or more terms of this Addendum ("Contradictory Term") shall be superseded by the terms of this Addendum to the extent and only to the extent of the contradiction, only for the purpose of Covered Entity's compliance with HIPAA and ARRA, and only to the extent reasonably impossible to comply with both the Contradictory Term and the terms of this Addendum. The terms of this Addendum to the extent they are unclear shall be construed to allow for compliance by Covered Entity with HIPAA and ARRA.

5.2 Survival. Sections 4.2, 4.3, 5.1, and 5.2 shall survive the expiration or termination for any reason of the Agreement and/or of this Addendum.



May 25, 2010

Re: Amendment to Agent Agreement

Dear Agent:

This "Letter Amendment" will amend your UnitedHealthcare Insurance Company Agent Agreement (the "Agreement") effective July 1, 2010.

In Florida, Evercare offers dual-SNP products for people who are both Medicare and Medicaid beneficiaries: Evercare Plan Dual HMO (DH) (**H5440-001 and H1080-036**) and Evercare Plan Regional Dual PPO (RDP) (**R5287-003**). The plans were designed to allow for the maximum coordination between our plan and Medicaid. Currently, the State of Florida does not pay cost-share for our members. This has unfortunately resulted in member and provider confusion regarding cost-share obligations. The State has engaged the dual-SNP plans in a cost sharing arrangement that, when complete, would improve the member experience with this product. In the meantime, to reduce confusion in the Florida market, we are adjusting our efforts.

This letter serves as notice that effective for applications written on or after July 1, 2010, we will no longer pay commissions on any new applications for the Evercare Plan DH (**H5440-001 and H1080-036**) and Evercare Plan RDP (**R5287-003**). This will only affect new applications, and will not affect renewals for existing business. It does not affect our HMO plan in Miami- Dade County (**H9011-011**).

We are not closing the plan to new enrollments of individuals who are both Medicare and Medicaid eligible. Prospective members in Florida who choose to enroll in the Evercare Plan DH or Evercare Plan RDP will be allowed to join. No commissions will be paid, however, on these enrollments.

The terms and conditions of this Letter Amendment are in addition to the terms and conditions set forth in the Agreement. The terms and conditions set forth in the Agreement shall continue in full force and effect. Unless otherwise defined in this Letter Amendment, all capitalized terms contained in this Letter Amendment shall be defined as set forth in the Agreement.

Per the terms and conditions of the Agreement, you must continue to be appropriately licensed and appointed, and certified to sell any of the Products set forth in the Agreement.

If you have any questions, please call the Producer Help Desk at 888.381.8581

Sincerely,

A handwritten signature in black ink, appearing to read "Mark A. Phillips". The signature is written in a cursive style.

Mark A. Phillips
Senior Vice President, Chief Sales and Distribution Officer, Ovations

July 28, 2010

Re: Amendment to Agent Agreement

Dear Agent:

This “Letter Amendment” will amend your UnitedHealthcare Insurance Company Agent Agreement, as previously modified and amended (the “Agreement”), effective September 1, 2010, as follows:

1. The list of Non-Commissionable Counties for Specified HMO, PPO, AmeriChoice/Evercare Dual SNP and Evercare Institutional SNP Plans set forth in the 2010 MA and PDP Annual Commission Schedule is hereby deleted and replaced in its entirety with the list of Non-Commissionable Counties for Specified HMO, PPO, AmeriChoice/Evercare Dual SNP and Evercare Institutional SNP Plans Effective September 1, 2010 attached to this Letter Amendment. For clarification, the Company’s AARP® MedicareComplete® Choice Regional Preferred Provider Organization (R7444-001) in Bristol County, Massachusetts, is commissionable effective September 1, 2010.
2. The list of Non-Commissionable Counties for PFFS Plans set forth in the 2010 MA and PDP Annual Commission Schedule is hereby deleted and replaced in its entirety with the list of Non-Commissionable Counties for PFFS Plans Effective September 1, 2010 attached to this Letter Amendment. For clarification, the Company will not pay commissions on any new applications for PFFS Plans written on and after September 1, 2010 in the non-commissionable counties on the list attached to this Letter Amendment.
3. The following language is added to the terms and conditions set forth in the commission schedule for the Company’s Medicare Supplement Insurance Plans Which Carry the AARP Name attached to the Agreement:

“1. Commissions are not payable for any sale of an AARP Med Supp Plan where the applicant's premium will be paid (in whole or in part) by a third-party payer. Note that third-party payer does not include a family member or personal guardian of the applicant.”
4. The terms and conditions set forth in the Agreement, as amended and modified by this Letter Agreement, shall continue in full force and effect. In the event there is any inconsistency or conflict between the provisions in this Letter Amendment and those in the Agreement, the provisions in this Letter Amendment will supersede and control. Unless otherwise defined in this Letter Amendment, all capitalized terms contained in this Letter Amendment shall be defined as set forth in the Agreement.

Sincerely,



Mark A. Phillips
Senior Vice President, Chief Sales and Distribution Officer, Ovations

Non-Commissionable Counties for Specified HMO, PPO, AmeriChoice/Evercare Dual SNP and Evercare Institutional SNP Plans Effective September 1, 2010

Product	Counties
SecureHorizons MedicareComplete Choice (R5342-001 & -002), Evercare Plan RMP (R5342-004), Evercare Plan RDP (R5342-003)	New York: Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk and Westchester
AARP MedicareComplete Choice Plan 2 (R5287-001), AARP MedicareComplete Choice Plan 3 (R5287-002)	Florida: Miami-Dade, Broward, St. Lucie
Evercare Plan DH (H3379-036)	New York: Bronx, Kings, New York, Queens, Richmond
AARP® MedicareComplete® Choice Regional Preferred Provider Organization (R7444-001)	Massachusetts: Barnstable, Dukes, Essex, Franklin, Hampshire, Middlesex, Norfolk, Suffolk, Nantucket, Plymouth, Worcester
Evercare Plan DH (H0303-034)	Arizona: Maricopa, Pima, Pinal
Evercare Plan DP (H0710-002)	Connecticut: Fairfield, Hartford, Litchfield, New Haven, Tolland, Windham
Evercare Plan RDP (R3175-003)	Hawaii: Honolulu
Evercare Plan DH (H5440-001)	Florida: Hillsborough, Pasco, Pinellas, Polk, Brevard, Orange, Osceola, Seminole, Broward
Evercare Plan RDP (R5287-003)	Florida: Statewide (Regional PPO)
Evercare Plan DH (H1080-036)	Florida: Charlotte, Hernando, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, Sarasota
AARP MedicareComplete (H0543-046)	California: Santa Cruz
Evercare Plan MP (H1108-006)	Georgia: Baldwin, Bibb, Coweta, Gwinnett, Laurens
Evercare Plan MP (H5417-005)	Florida: Brevard, Charlotte, Citrus, Duval, Escambia, Hernando, Hillsborough, Lee, Manatee, Orange, Osceola, Pasco, Pinellas, Polk, Santa Rosa, Sarasota, Seminole
All Evercare Institutional SNP Plans	All Counties in all States

Non-Commissionable Counties for PFFS Plans Effective September 1, 2010

ALABAMA

BARBOUR
BULLOCK
CALHOUN
CHEROKEE
CHOCTAW
FAYETTE
FRANKLIN
HENRY
HOUSTON
LEE
LIMESTONE
MADISON
MARENGO
RANDOLPH
SUMTER
TALLADEGA
TUSCALOOSA
WILCOX

ARIZONA

GREENLEE

ARKANSAS

ARKANSAS
BAXTER
BOONE
CLARK
CONWAY
CRITTENDEN
FAULKNER
FRANKLIN
FULTON
JEFFERSON
JOHNSON
LAWRENCE
LOGAN
MADISON
MARION
MILLER
MONROE
MONTGOMERY
NEWTON
OUACHITA
PERRY
PIKE
POLK
POPE
RANDOLPH
SCOTT
SEARCY
SHARP
WOODRUFF
YELL

COLORADO

ALAMOSA
ARCHULETA
BACA
BENT
CHAFFEE
CLEAR CREEK
CONEJOS
COSTILLA
CROWLEY
CUSTER
DELTA
EAGLE
ELBERT
GARFIELD
GILPIN
HUERFANO
JACKSON
KIOWA
LAS ANIMAS
LINCOLN
LOGAN
MESA
MONTEZUMA
MONTROSE
OTERO
PARK
PROWERS
RIO GRANDE
ROUTT
SEDGWICK
SUMMIT
WELD

GEORGIA

BARROW
BARTOW
BIBB
BROOKS
CANDLER
COOK
COWETA
CRAWFORD
DAWSON
DOUGLAS
EARLY
ECHOLS
EFFINGHAM
EMANUEL
EVANS
FAYETTE
FRANKLIN
GWINNETT
HALL
HENRY
JASPER
JENKINS
JOHNSON
JONES
LAURENS
LIBERTY
LINCOLN
LOWNDES
MADISON
MITCHELL
NEWTON
PAULDING
PUTNAM
ROCKDALE
SPALDING
STEPHENS
TALBOT
TALIAFERRO
TAYLOR
TWIGGS
UPSON
WALTON
WHITFIELD
WILKINSON

IDAHO

ADAMS
BANNOCK
BEAR LAKE
BINGHAM
BOISE
BONNER
BOUNDARY
CARIBOU
CASSIA
CLARK
FREMONT
GEM
KOOTENAI
LATAH
LEWIS
MADISON
MINIDOKA
ONEIDA
OWYHEE
PAYETTE
POWER
TWIN FALLS
WASHINGTON

ILLINOIS

ADAMS
ALEXANDER
BOND
BOONE
BROWN
CALHOUN
CASS
CHAMPAIGN
CLARK
CLINTON
COLES
CRAWFORD
CUMBERLAND
DE KALB
DOUGLAS
EDGAR
EDWARDS
EFFINGHAM
FAYETTE
FORD
FULTON
GALLATIN
GREENE
HANCOCK
HARDIN
JASPER
JOHNSON
KENDALL
LEE
LOGAN
MCDONOUGH
MCLEAN
MACON
MACOUPIN
MASON
MENARD
MONTGOMERY
MORGAN
MOULTRIE
OGLE
PIATT
PIKE
POPE
PULASKI
RICHLAND
SALINE
SANGAMON
SCHUYLER
SCOTT
STEPHENSON
UNION
WHITE
WINNEBAGO

IOWA

ADAMS
ALLAMAKEE
AUDUBON
CASS
FRANKLIN
FREMONT
HARRISON
MILLS
MONONA
MONTGOMERY
PLYMOUTH
TAYLOR
WINNESHIEK
WOODBURY
WRIGHT

KANSAS

BARBER
BROWN
BUTLER
CLARK
COMANCHE
DOUGLAS
EDWARDS
ELLSWORTH
FINNEY
FORD
GRANT
GRAY
GREELEY
HAMILTON
HARVEY
HASKELL
HODGEMAN
JEWELL
KEARNY
KIOWA
LEAVENWORTH
LINN
MEADE
MIAMI
MITCHELL
MORTON
OSBORNE
PAWNEE
PRATT
SEWARD
SHAWNEE
SMITH
STAFFORD
STEVENS
WALLACE
WICHITA
WYANDOTTE

KENTUCKY

BRECKINRIDGE
BUTLER
CLARK
ELLIOTT
FAYETTE
GRAYSON
JACKSON
JESSAMINE
KNOX
LINCOLN
MC LEAN
MADISON
MASON
MEADE
MENIFEE
MORGAN
OHIO
OLDHAM
ROCKCASTLE
SHELBY
SPENCER
TRIMBLE
WARREN
WOODFORD

LOUISIANA

ASCENSION
BIENVILLE
CALDWELL
CATAHOULA
EAST BATON ROUGE
EAST CARROLL
EAST FELICIANA
FRANKLIN
GRANT
IBERVILLE
LAFAYETTE
LA SALLE
LIVINGSTON
MADISON
MOREHOUSE
PLAQUEMINES
POINTE COUPEE
RAPIDES
ST CHARLES
ST JAMES
ST JOHN BAPTIST
WEST BATON ROUGE
WEST FELICIANA
WINN

MAINE

ANDROSCOGGIN
AROOSTOOK
FRANKLIN
KNOX
LINCOLN
OXFORD
PENOBSCOT
WALDO

MINNESOTA

BECKER
BIG STONE
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

MISSISSIPPI

AMITE
ATTALA
BENTON
CHICKASAW
CHOCTAW
CLAIBORNE
CLAY
COPIAH
FRANKLIN
HINDS
HOLMES
HUMPHREYS
ISSAQUENA
ITAWAMBA
LAFAYETTE
LEAKE
LOWNDES
MADISON
MARSHALL
MONROE
MONTGOMERY
NESHOPA
NOXUBEE
PANOLA
PONTOTOC
PRENTISS
QUITMAN
RANKIN
SCOTT
SHARKEY
TATE
TIPPAH
UNION
WEBSTER
WILKINSON
WINSTON
YAZOO

MISSOURI

ANDREW
ATCHISON
BARTON
BOONE
BUTLER
CALLAWAY
CAMDEN
CARTER
CEDAR
CHARITON
CLAY
DE KALB
DENT
DUNKLIN
GENTRY
HARRISON
HENRY
HICKORY
HOLT
JOHNSON
LINN
MACON
MILLER
MISSISSIPPI
MONITEAU
MONTGOMERY
NEWTON
NODAWAY
OSAGE
PERRY
PHELPS
PLATTE
PULASKI
RAY
REYNOLDS
RIPLEY
ST FRANCOIS
STE GENEVIEVE
SALINE
TANEY
WORTH

MONTANA

BEAVERHEAD
BIG HORN
BROADWATER
CARBON
CASCADE
FERGUS
FLATHEAD
GALLATIN
GLACIER
GRANITE
JEFFERSON
LAKE
LEWIS AND CLARK
MEAGHER
MINERAL
MISSOULA
PARK
POWELL
RAVALLI
SANDERS
STILLWATER
SWEET GRASS
YELLOWSTONE

NEBRASKA

BOYD
BUTLER
CHASE
CLAY
COLFAX
CUSTER
DODGE
DUNDY
FILLMORE
FRANKLIN
FRONTIER
GREELEY
HARLAN
HAYES
HITCHCOCK
HOWARD
JOHNSON
KIMBALL
LANCASTER
NEMAHA
PAWNEE
PIERCE
POLK
REDWILLOW
RICHARDSON
ROCK
SALINE
SAUNDERS
SEWARD
THAYER
VALLEY
YORK

NEW MEXICO

BERNALILLO
CATRON
CHAVES
CIBOLA
COLFAX
CURRY
DE BACA
GUADALUPE
HARDING
LINCOLN
LOS ALAMOS
MC KINLEY
MORA
OTERO
QUAY
RIO ARRIBA
ROOSEVELT
SANDOVAL
SAN JUAN
SAN MIGUEL
SANTA FE
SOCORRO
TAOS
TORRANCE
UNION
VALENCIA

NORTH DAKOTA

BARNES
CASS
DICKEY
GRAND FORKS
GRIGGS
LA MOURE
RANSOM
RICHLAND
SARGENT
STEELE
STUTSMAN
TRAILL

OKLAHOMA

DELAWARE
LOGAN
MC CLAIN
MUSKOGEE
OKMULGEE
SEMINOLE
SEQUOYAH
WASHINGTON

OREGON

BAKER
COLUMBIA
DESCHUTES
DOUGLAS
JEFFERSON
KLAMATH
MALHEUR

PENNSYLVANIA

BRADFORD
CENTRE
CLINTON
COLUMBIA
CRAWFORD
LEBANON
LYCOMING
POTTER
SULLIVAN
SUSQUEHANNA
TIOGA
WARREN
WYOMING

SOUTH CAROLINA

AIKEN
ANDERSON
CHEROKEE
EDGEFIELD
LAURENS
NEWBERRY
PICKENS
SALUDA
SPARTANBURG

SOUTH DAKOTA

BROOKINGS
BROWN
DAY
DEUEL
GRANT
HAMLIN
LINCOLN
MARSHALL
MINNEHAHA
MOODY
ROBERTS

TENNESSEE

BEDFORD
BLEDSOE
CANNON
CARROLL
CHEATHAM
CHESTER
CROCKETT
DECATUR
GIBSON
GILES
HARDIN
HAYWOOD
HOUSTON
HUMPHREYS
LAKE
LEWIS
MC NAIRY
MARION
MARSHALL
MAURY
MONTGOMERY
MOORE
OVERTON
PICKETT
POLK
PUTNAM
SEQUATCHIE
STEWART
TROUSDALE
VAN BUREN
WARREN
WHITE
WILLIAMSON
WILSON

TEXAS

ARANSAS
BASTROP
BELL
BOSQUE
BOWIE
BRAZOS
BURLESON
BURNET
CASS
CHAMBERS
COLEMAN
CORYELL
GALVESTON
HAMILTON
HAYS
HILL
HOOD
JASPER
KINNEY
KLEBERG
LAMPASAS
LEE
LLANO
MC CULLOCH
MC LENNAN
MEDINA
MILLS
MORRIS
NAVARRO
NEWTON
ORANGE
PARKER
POLK
RED RIVER
SAN JACINTO
SAN SABA
TITUS
TRAVIS
TYLER
VAL VERDE
VAN ZANDT
WALLER
WASHINGTON
WILLIAMSON
WOOD

UTAH

BEAVER
DAGGETT
DUCHESNE
EMERY
GARFIELD
GRAND
IRON
KANE
MILLARD
PIUTE
RICH
SAN JUAN
SEVIER
UINTAH
WAYNE

VIRGINIA

ALBEMARLE
ALLEGHANY
AMELIA
APPOMATTOX
BATH
BUCKINGHAM
CAROLINE
CHARLES CITY
CHARLOTTE
CHARLOTTESVILLE CITY
CHESAPEAKE
CLARKE
COLONIAL HEIGHTS
CUMBERLAND
DINNIDDIE
ESSEX
FLUVANNA
FRANKLIN CITY
FREDERICK
FREDERICKSBURG CITY
GLOUCESTER
GREENE
HAMPTON CITY
HIGHLAND
HOPEWELL CITY
ISLE OF WIGHT
JAMES CITY CO
KING AND QUEEN
KING GEORGE
KING WILLIAM
LANCASTER
LOUISA
LUNENBURG
MADISON
MATHEWS
MIDDLESEX
NELSON
NEW KENT
NORTHUMBERLAND
NOTTOWAY
ORANGE
PAGE
PETERSBURG CITY
POQUOSON CITY
POWHATAN
PRINCE EDWARD
PRINCE GEORGE
RAPPAHANNOCK
RICHMOND
SHENANDOAH
SOUTHAMPTON
STAFFORD
SUFFOLK CITY
SURRY
SUSSEX

VIRGINIA (CONT)

VIRGINIA BEACH CITY
WARREN
WESTMORELAND
WILLIAMSBURG CITY
WINCHESTER CITY
YORK

WASHINGTON

ADAMS
ASOTIN
BENTON
CHELAN
CLALLAM
COLUMBIA
DOUGLAS
FERRY
FRANKLIN
GARFIELD
GRANT
JEFFERSON
KITSAP
KITTITAS
KLICKITAT
MASON
OKANOGAN
PEND OREILLE
SAN JUAN
SKAMANIA
STEVENS
WAHIAKUM
WALLA WALLA
YAKIMA

WEST VIRGINIA

BERKELEY
BOONE
BRAXTON
CABELL
CALHOUN
CLAY
DODDRIDGE
GILMER
GRANT
HAMPSHIRE
HARDY
HARRISON
JEFFERSON
KANAWHA
LEWIS
LINCOLN
MONROE
MORGAN
NICHOLAS
OHIO
PENDLETON
PUTNAM
RITCHIE
ROANE
TUCKER
TYLER
UPSHUR
WAYNE
WETZEL
WIRT

WISCONSIN

ASHLAND
BARRON
BAYFIELD
BUFFALO
BURNETT
CHIPPEWA
COLUMBIA
CRAWFORD
DOUGLAS
DUNN
EAU CLAIRE
JACKSON
JEFFERSON
PIERCE
POLK
SAINT CROIX
SAWYER
WASHBURN

WYOMING

BIG HORN
CARBON
CONVERSE
GOSHEN
HOT SPRINGS
LINCOLN
NIOBRARA
PARK
PLATTE
SUBLETTE
SWEETWATER
UINTA
WASHAKIE

August 31, 2010

Re: Amendment to Agent Agreement

Dear Agent:

This “Letter Amendment” will amend your United Health Care Insurance Company Agent Agreement (the “Agreement”), effective October 1, 2010, as follows:

1. The Agreement is hereby amended to include the 2011 MA and PDP Annual Commission Schedule attached hereto as Exhibit 1.
2. The Agreement is hereby amended to supplement the list of affiliates under Section VII of Exhibit A of the Agreement, entitled “List of Affiliates”, to include Health Net of Connecticut, Inc.
3. Notwithstanding any language in the Agreement or any prior amendment to the Agreement regarding a five (5) year limitation on payment of renewal commissions for MA Plans and PDP Plans up to the number of renewal years as specified by CMS for an individual Member, for each Member who is enrolled in one of the Company’s PDP Plans or one of the Company’s MA Plans on or before December 31, 2010, the Company will continue to pay the “Renewal Year Commissions” applicable to the Member for up to ten (10) renewal years following the Member’s initial enrollment into one of the Company’s PDP Plans or MA Plans, as applicable, provided that the Member remains enrolled in a Company PDP Plan or MA Plan, as applicable, throughout the renewal year and all other requirements applicable to earning Renewal Year Commissions have been met.
4. The definition of “Medicare Laws and Regulations” in Section 1.9 of the Agreement and the definition of “Marketing Guidelines” in Section 2.4 of the Agreement are hereby amended to include the revised CMS “Medicare Marketing Guidelines for Medicare Advantage, Medicare Prescription Drug Plans, Prescription Drug Plans and 1876 Cost plans” effective June 4, 2010 and any subsequent revisions and guidance regarding the forgoing that may be issued by CMS.
5. In the event that Agent does not agree to the amendments set forth in this Letter Agreement, Agent must notify the Company that Agent is terminating the Agreement within thirty (30) days following the date of this Letter Amendment, in which case the Agreement shall be immediately terminated.
6. The terms and conditions set forth in the Agreement, as amended and modified by this Letter Agreement, shall continue in full force and effect. In the event there is any inconsistency or conflict between the provisions in this Letter Amendment and those in the Agreement, the provisions in this Letter Amendment will supersede and control. Unless otherwise defined in this Letter Amendment, all capitalized terms contained in this Letter Amendment shall be defined as set forth in the Agreement.

Sincerely,



Mark A. Phillips
Senior Vice President, Chief Sales and Distribution Officer, Ovations

Exhibit 1

**UNITED HEALTHCARE INSURANCE COMPANY
PDP AND MA PLANS
ANNUAL COMMISSION SCHEDULE FOR 2011**

I. PDP PLANS

“Initial Year” Commissions -- New Enrollments for CMS Contract Year 2011

In accordance with CMS instructions, the Company shall initially pay Agent the “Renewal Year” commission specified below for each individual properly enrolled in a Company PDP Plan which Agent is approved and authorized to market and promote for the 2011 CMS Contract Year, beginning with January 1, 2011 effective enrollments. If the individual enrollment is identified to the company by CMS as a new/initial enrollment, the Company shall adjust the compensation paid to Agent for the individual from the “Renewal Year” commission specified below to the “Initial Year” commission specified below. **“Initial Year” commissions will not be paid if the individual was already enrolled in a PDP Plan at the time of enrollment.** Payment of the “Renewal Year” commission will be made following the entry of a qualifying application into the Company’s enrollment system and validation of the producer’s credentials. Any required adjustment from the “Renewal Year” commission to the “Initial Year” commission will be made following CMS’s identification that the individual is in an IEP or new to the PDP Program.

Initial Year Commission: \$53.00

Note: The above commission will be paid for electronic enrollments only. In the event that Agent submits paper based enrollments, the Company reserves the right to charge Agent an administrative fee which will be deducted from the Agent-level commission specified above. The amount of any administrative fee will be determined by the Company and made available to Agent upon request.

“Renewal Year” Commissions – Renewal Enrollments for CMS Contract Year 2011; Subsequent CMS Contract Years for New Enrollments and Renewal Enrollments for CMS Contract Year 2011

The Company shall pay Agent the following renewal commission for each individual properly enrolled in a Company PDP Plan which Agent is approved and authorized to market and promote for the 2011 CMS Contract Year beginning with January 1, 2011 effective enrollments and who remains in a Company PDP Plan in subsequent CMS Contract Years. If Agent receives the “Initial Year” commission for the 2011 CMS Contract Year, Agent shall be entitled to renewal commissions for up to ten (10) renewal years following the individual’s initial enrollment year, provided that the individual remains enrolled in a Company PDP Plan throughout each renewal year and Agent meets all requirements for earning renewal commissions. If Agent receives the “Renewal Year” commission for an enrollment effective on or after January 1, 2011 for the 2011 CMS Contract Year, Agent shall be entitled to earn renewal commissions for up to a total of ten (10) renewal years beginning with the 2011 CMS Contract Year, provided that the individual remains enrolled in a Company PDP Plan throughout each renewal year and Agent meets all requirements for earning renewal commissions.

Renewal Year Commission: \$26.50

Note: The above commission will be paid for electronic enrollments only. In the event that Agent submits paper based enrollments, the Company reserves the right to charge Agent an administrative fee which will be deducted from the Agent-level commission specified above. The amount of any administrative fee will be determined by the Company and made available to Agent upon request.

II. ALL MEDICARE ADVANTAGE PLANS

“Initial Year” Commissions -- New Enrollments for CMS Contract Year 2011

In accordance with CMS instructions, the Company shall initially pay Agent the “Renewal Year” commission specified below for each individual enrolled in one of the Company’s MA Plans which Agent is approved and authorized to market and promote for the 2011 CMS Contract Year, beginning with January 1, 2011 effective enrollments. If the individual enrollment is identified to the company by CMS as a new/initial enrollment, the Company shall adjust the compensation paid to Agent for the individual from the “Renewal Year” commission specified below to the “Initial Year” commission specified below. **“Initial Year” commissions will not be paid if the individual was already enrolled in an MA Plan at the time of enrollment.** Payment of the “Renewal Year” commission will be made following the entry of a qualifying application into the Company’s enrollment system and validation of the producer’s credentials. Any required adjustment from the “Renewal Year” commission to the “Initial Year” commission will be made following CMS’s identification that the individual is in an IEP or new to the MA Program.

Initial Year Commissions

CALIFORNIA/NEW JERSEY: \$504.00

CONNECTICUT/PENNSYLVANIA/DISTRICT OF COLUMBIA: \$454.00

ALL OTHER STATES: \$403.00

Note: The above commissions will be paid for electronic enrollments only. In the event that Agent submits paper based enrollments, the Company reserves the right to charge Agent an administrative fee which will be deducted from the Agent-level commission specified above. The amount of any administrative fee will be determined by the Company and made available to Agent upon request.

“Renewal Year” Commissions – Renewal Enrollments for CMS Contract Year 2011; Subsequent CMS Contract Years for New Enrollments and Renewal Enrollments for CMS Contract Year 2011

The Company shall pay Agent the following renewal commissions for each individual properly enrolled in one of the Company’s MA Plans which Agent is approved and authorized to market and promote for the 2011 CMS Contract Year beginning with January 1, 2011 effective enrollments and who remain in a Company MA Plan in subsequent CMS Contract Years. If Agent receives the “Initial Year” commission for the 2011 CMS Contract Year, Agent shall be entitled to earn renewal commissions for up to ten (10) renewal years following the individual’s initial enrollment year, provided that the individual remains enrolled in a Company MA Plan throughout each renewal year and Agent meets all requirements for earning renewal commissions. If Agent receives the “Renewal Year” commission for an enrollment effective on or after January 1, 2011 for the 2011 CMS Contract Year, Agent shall be entitled to earn renewal commissions for up to a total of ten (10) renewal years beginning with the 2011 CMS Contract Year, provided that the individual remains enrolled in a Company MA Plan throughout each renewal year and Agent meets all requirements for earning renewal commissions.

Renewal Year Commissions

CALIFORNIA/NEW JERSEY: \$252

CONNECTICUT/PENNSYLVANIA/DISTRICT OF COLUMBIA: \$227.00

ALL OTHER STATES: \$201.50

Note: The above commissions will be paid for electronic enrollments only. In the event that Agent submits paper based enrollments, the Company reserves the right to charge Agent an administrative fee which will be deducted from the Agent-level commission specified above. The amount of any administrative fee will be determined by the Company and made available to Agent upon request.

Non-Commissionable Counties for Specified HMO, PPO, AmeriChoice/Evercare Dual SNP and Evercare Institutional SNP Plans Effective January 1, 2011

Product	Counties
SecureHorizons MedicareComplete Choice (R5342-001 & -002), Evercare Plan RDP (R5342-003)	New York: Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk and Westchester
AARP MedicareComplete Choice Plan 2 (R5287-001), AARP MedicareComplete Choice Plan 3 (R5287-002)	Florida: Miami-Dade, Broward, Palm Beach, St. Lucie
AARP MedicareComplete Choice Regional Preferred Provider Organization (R7444-001)	Massachusetts: Barnstable, Dukes, Essex, Franklin, Hampshire, Middlesex, Norfolk, Suffolk, Nantucket, Plymouth, Worcester
Evercare Plan DH (H0303-034)	Arizona: Maricopa, Pima, Pinal
Evercare Plan DP (H0710-002)	Connecticut: Fairfield, Hartford, Litchfield, New Haven, Tolland, Windham
Evercare Plan RDP (R3175-003)	Hawaii: Honolulu
Evercare Plan DH (H5440-001)	Florida: Hillsborough, Pasco, Pinellas, Polk
Evercare Plan RDP (R5287-003)	Florida: Statewide (Regional PPO)
Evercare Plan DH (H1080-036)	Florida: Charlotte, Hernando, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, Sarasota
All Evercare Institutional SNP Plans	All Counties in All States