



Loyal American Life Insurance Company Commission Schedule

This Commission Schedule (hereinafter, this "Schedule"), is attached to and made a part of the Associate Agreement between Loyal American Life Insurance Company (Loyal) and the Agent. All capitalized terms herein shall have the meanings ascribed to them in the Associate Agreement. Loyal may modify this Schedule after giving Agent the advance written notice required by state law or ten (10) days' advance written notice in states where no such advance written notice period exists. Agent shall receive compensation in accordance with the terms of the Associate Agreement and this Schedule as noted below.

- Loyal shall pay Agent the compensation described above on premium received and accepted by Loyal for issued policies solicited by Agent on or after the effective date of this Schedule subject to the terms and conditions of the Associate Agreement and this Schedule. For all policies issued in any other state except Washington, Commissionable Premium is the policies original issue gross premium less any discounts or reductions including, but not limited to the Household/Spouse discount, and less the premium designated to cover the Part B Deductible if applicable to the plan purchased. For Washington, the Commission is calculated on the collected premium. Commissionable premium can never exceed the premium actually billed and received by the Company. Commissions are not payable on the Enrollment Fee or the premium that is attributable to the Part B deductible in Plans C & F, unless state requirements differ. All Medicare Supplement policies, based on guaranteed issue requirements of the Balanced Budget Act, will receive 2% in years 1 –6 (unless state requirements differ) for the writing agent only, or as shown on the schedule.
- Should you recruit and appoint any subagents, your compensation on business written by them will be reduced by any amounts that would be paid to those contract levels. In order to receive compensation (override commissions) on any subagent, you must have a resident or non-resident license in any state where the subagent writes business if the state has so mandated.
- Compensation is expressed as a percentage of premium received by Loyal. Compensation for the first policy year is first year commission. Compensation is renewal commission beginning in policy year two, except as otherwise noted. First year and renewal commissions on plans of insurance not listed shall be determined by Loyal. Compensation on internal policy replacements, exchanges and conversions will be compensated according to Loyal guidelines in effect at the time the policy is written. Policies are not considered to be internal replacements if there is a lapse in coverage greater than 31 days. Internal Replacement commissions will be paid to the original writing agent on the lessor of the replaced policy's commissionable premium or the new policy's Commissionable Premium. The commission rate applied to the Commissionable Premium will be based on the replaced policies effective date and coverage year. For Affiliate Replacement policies issued in any state other than California, Louisiana, Maryland, Nevada and Washington, Loyal will pay Affiliate Replacement commissions at 90% of the commissionable premium to the original writing agent, based on the commission schedule at the time the policy is issued if the original writing agent for one Cigna Healthcare issued policy is replacing that policy with another Cigna Healthcare Medicare Supplement Policy. Affiliate Replacement policies must be fully underwritten and issued by one Cigna Healthcare company to replace a policy previously issued by another Cigna Healthcare company. Advances will not be paid on any Internal Replacement policy. An affiliate replacement is the change between Cigna Healthcare underwriting companies (e.g. a Cigna Healthcare CHLIC policy replacing a Cigna Healthcare LOYAL policy) by the original writing agent. All other replacements are considered to be internal replacements.
- All of the following apply, unless state requirements differ: Policy fees, any other fees, and/or premium rate-ups and renewal increases are non-commissionable; no commissions shall be paid on underwriting or substandard premium rate-ups or renewal premium increases; commissions are paid on the initial premium only and are not paid on any increase in premium due to age change or plan wide rate increases; and, premium reductions will affect the initial premium accordingly.
- COMMISSION STATEMENT – Statements are generated bi-weekly that report commission for the bi-weekly period as well as other monetary transactions between you and Loyal. The bi-weekly transactions are summarized to obtain a total net balance. When total commissions exceed all amounts due to the Company for the statement period, the excess will be paid to you. When commission chargebacks, interest, negative advances and negative commissions exceed commissions earned, the commission statement total is called a debit balance. A debit balance is the total amount you must repay to LOYAL. The Debit balance are is carried over to your next bi-weekly commission statement until such balance is fully paid.
- This Commission Schedule applies only to the products listed for so long as the Agreement remains in effect. Loyal reserves and shall have the right, at its sole option and discretion, to adjust and change the commissions at any time. This Commission Schedule and any commissions payable hereunder may be modified by Loyal, in its sole discretion, upon written notice to the Agent which may be contained in any Company Field Bulletin or other written communication to Agent.

Loyal American Life Insurance Company® -Commission Schedule Effective 4/7/2025

LEVEL	FMO - 90		
Dental, Vision, Hearing - Check your state's outline of coverage for available plans.			
All states unless otherwise noted below (LY-DVH-BA) - Heaped			
Base Policy, Issue Ages 18-89 (Yr 1 / Yrs 2+)	61.00%	8.00%	
All states unless otherwise noted below (LY-DVH-BA) - Level			
Base Policy, Issue Ages 18-89 (All Years)	18.00%		
California (LY-DVH-BA) - Heaped			
Base Policy, Issue Ages 18-89 (Yr 1 / Yrs 2+)	52.50%	6.00%	
California (LY-DVH-BA) - Level			
Base Policy, Issue Ages 18-89 (All Years)	12.00%		
Colorado, South Dakota (LY-DVH-BA) - Heaped			
Base Policy, Issue Ages 18-89 (Yr 1 / Yrs 2+)	52.50%	6.00%	
Colorado, South Dakota (LY-DVH-BA) - Level			
Base Policy, Issue Ages 18-89 (All Years)	12.00%		
Nevada (LY-DVH-BA) - Heaped			
Base Policy, Issue Ages 18-89 (Yr 1 / Yrs 2+)	18.00%	4.50%	
Nevada (LY-DVH-BA) - Level			
Base Policy, Issue Ages 18-89 (All Years)	6.50%		
Washington Dental Only(LY-DVH-BA) -Heaped			
Base Policy, Issue Ages 18-89 (Yr 1 / Yrs 2+)	56.00%	6.00%	
Washington Dental Only (LY-DVH-BA) - Level			
Base Policy, Issue Ages 18-89 (All Years)	14.00%		
Choice Short Term Care - Check your state's outline of coverage for available plans.			
All states unless otherwise noted below (LY-STC-BA)**			
Issue Ages < 80 (Yr 1 / Yrs 2+)	81.00%	12.00%	
Issue Ages 80+ (Yr 1 / Yrs 2+)	65.00%	6.50%	
CHOICE HOSPITAL INDEMNITY - Check your state's outline of coverage for available plans.			
CHOICE HOSPITAL INDEMNITY (Policy Form Series LY-HIP-BA) - All States Unless Otherwise Noted Below			
Base Policy, All Issue Ages (Yr 1 / Yrs 2-10 / Yrs 11+) + Riders	70.00%	12.00%	6.00%
CHOICE HOSPITAL INDEMNITY - AZ, CO, DC, IN, KY, MI, SC, UT, VA			
Base Policy, All Issue Ages (Yr 1 / Yrs 2-10 / Yrs 11+) + Riders	61.00%	10.50%	5.00%
CHOICE HOSPITAL INDEMNITY - MN, SD, WA			
Base Policy, All Issue Ages (Yr 1 / Yrs 2-10 / Yrs 11+) + Riders	55.00%	6.50%	3.00%
Flexible Choice Hospital Indemnity Senior - Check your state's outline of coverage for available plans.			
All states unless otherwise noted below (LY-HISR-BA) - Not available in CA, CT, NH, NY, or UT			
Base Policy, Issue Ages 50-85, (Yr 1 / Yrs 2-10 / Yrs 11+)	65.00%	13.00%	8.00%
Florida (LY-HISR-BA-FL), South Dakota (LY-HISR-BA-SD), & Washington (LY-HISR-BA-WA)			
Base Policy, Issue Ages 50-85, (Yr 1 / Yrs 2-10 / Yrs 11+)	65.00%	8.00%	3.00%
Minnesota (LY-HISR-BA-MN) & Massachusetts (LY-HISR-BA-MA)			
Base Policy, Issue Ages 50-85, (Yr 1 / Yrs 2-10 / Yrs 11+)	45.00%	8.00%	8.00%
Flexible Choice Hospital Indemnity Riders - Check your state's outline of coverage for available plans.			
All states unless otherwise noted below (LY-HISR-BA) - Not available in CA, CT, DC, ID, MA, NH, NJ, NY, or UT			
Accident (LY-AI-RD) (Yr 1 / Yrs 2+)	60.00%	15.00%	15.00%
Lump Sum Heart, Stroke, and Restoration (LY-LSHR-RD) (Yr 1 / Yrs 2+)	75.00%	15.00%	15.00%
Lump Sum Cancer Recurrence (LY-LSCR-RD) (Yr 1 / Yrs 2+)	75.00%	15.00%	15.00%
Specified Disease (LY-HISD-RD) (Yr 1 / Yrs 2+)	70.00%	15.00%	15.00%
Florida			
Accident (LY-AI-RD-FL) (Yr 1 / Yrs 2+)	60.00%	15.00%	15.00%
Lump Sum Heart, Stroke, and Restoration (LY-LSHR-RD-FL) (Yr 1 / Yrs 2+)	70.00%	12.00%	12.00%
Lump Sum Cancer Recurrence (LY-LSCR-RD-FL) (Yr 1 / Yrs 2+)	70.00%	12.00%	12.00%
Specified Disease (LY-HISD-RD-FL) (Yr 1 / Yrs 2+)	70.00%	12.00%	12.00%

Affiliate replacement commissions are not available in CA, KY, LA, MD, and NV. Affiliate replacement commissions for AK, CO, MO, MS, ME, MI, MT, WA and RI will be available at a later date.

** Policies sold prior to 1/1/2023 (2/15/2023 for LA and 5/16/2023 for RI) will remain 11+ years || AK, CO, MD, ME, MI, MO, MS, MT & WA remain at 11+ years UW = Underwritten; OE = Open Enrollment;

GI = Guaranteed Issue

Some commission rates not yet filed or approved. Subject to change. Check AgentView for product availability.

* MGA 2 - 75 level is not available for new contracts

***The CA Birthday Rule is considered an Open Enrollment situation**

**Commission Rate will be paid based on the issue age of the primary insured and, if applicable, the primary insured's spouse

Loyal American Life Insurance Company® -Commission Schedule Effective 4/7/2025

LEVEL	FMO - 90		
South Dakota & Washington			
Accident (LY-AI-RD-SD) and (LY-AI-RD-WA) (Yr 1 / Yrs 2+)	43.00%	15.00%	15.00%
Lump Sum Heart, Stroke, and Restoration (LY-AI-RD-SD) and (LY-AI-RD-WA) (Yr 1 / Yrs 2+)	70.00%	12.00%	12.00%
Lump Sum Cancer Recurrence (LY-AI-RD-SD) and (LY-AI-RD-WA) (Yr 1 / Yrs 2+)	70.00%	12.00%	12.00%
Specified Disease (LY-AI-RD-SD) and (LY-AI-RD-WA) (Yr 1 / Yrs 2+)	65.00%	11.00%	11.00%
Minnesota			
Accident (LY-AI-RD-MN (Yr 1 / Yrs 2+)	60.00%	15.00%	15.00%
Lump Sum Heart, Stroke, and Restoration (LY-LSHR-RD-MN) (Yr 1 / Yrs 2+)	58.50%	6.00%	6.00%
Lump Sum Cancer Recurrence (LY-LSCR-RD-MN) (Yr 1 / Yrs 2+)	58.50%	6.00%	6.00%
Specified Disease (LY-HISD-RD-MN) (Yr 1 / Yrs 2+)	58.50%	6.00%	6.00%
OTHER HEALTH - Check your state's outline of coverage for available plans.			
Flexible Choice Cancer, Flexible Choice Heart Attack & Stroke, Cancer Treatment (Policy Form Series LY-LSC-BA; LY-LSH-BA; LY-CT-BA) - All States Unless Otherwise Noted Below			
Base Policy (Yr 1 / Yrs 2-10 / Yrs 11+) + Select Riders (Benefit Builders, Radiation & Chemo, Specified Disease, Recurrence, Restoration, and Hospital, ICU, and Hospital & ICU Riders) ROP & Accident Indemnity Rider see below	75.00%	15.00%	15.00%
Flexible Choice Cancer, Flexible Choice Heart Attack & Stroke, Cancer Treatment (Policy Form Series LY-LSC-BA; LY-LSH-BA; LY-CT-BA) - FL, NJ, RI, SD, WA, MD			
Base Policy Recurrence, Restoration, and Hospital, ICU, and Hospital & ICU Riders (Yr 1 / Yrs 2-10 / Yrs 11+)	65.00%	10.00%	10.00%
Benefit Builders, Radiation & Chemo (excluding FL), & Specified Disease Riders (Yr 1 / Yrs 2-10 / Yrs 11+) Accident and ROP rider see below	75.00%	15.00%	15.00%
Flexible Choice Cancer, Flexible Choice Heart Attack & Stroke Policy Form Series LY-LSC-BA; LY-LSH-BA - CT			
Base Policy (Yr 1 / Yrs 2-10 / Yrs 11+) + Select Riders ROP Rider see below	65.00%	7.00%	7.00%
Radiation and Chemo Rider (LY-RC-RD-CT) Yr 1 / Yrs 2-10 / Yrs 11+	75.50%	12.00%	12.00%
Specified Disease Treatment Rider (LY-RC-RD-CT) Yr 1 / Yrs 2-10 / Yrs 11+	70.00%	12.00%	12.00%
Cancer Benefit Builder Rider (LY-RC-RD-CT) Yr 1 / Yrs 2-10 / Yrs 11+	67.50%	12.00%	12.00%
Heart Benefit Builder Rider (LY-RC-RD-CT) Yr 1 / Yrs 2-10 / Yrs 11+	62.50%	12.00%	12.00%
Accident Rider (LY-RC-RD-CT) Yr 1 / Yrs 2-10 / Yrs 11+	52.50%	8.00%	8.00%
Flexible Choice Cancer, Flexible Choice Heart Attack & Stroke, Cancer Treatment (Policy Form Series LY-LSC-BA, LY-LSH-BA; LY-CT-BA) - CO, MN			
Base Policy (Yr 1 / Yrs 2-10 / Yrs 11+) + Select Riders Recurrence, Restoration, and Hospital, ICU, and Hospital & ICU Riders	65.00%	7.00%	7.00%
Benefit Builders, Radiation & Chemo & Specified Disease Riders (Yr 1 / Yrs 2-10 / Yrs 11+) (Accident and ROP rider see below) - CO Only	75.00%	15.00%	15.00%
Flexible Choice Cancer, Flexible Choice Heart Attack & Stroke Policy Form Series LY-LSC-BA; LY-LSH-BA - WY			
Heart Base Policy (Yr 1 / Yrs 2-10 / Yrs 11+) + Select Riders Restoration, Hospital, ICU, and Hospital & ICU Riders; ROP Rider see below	75.00%	15.00%	15.00%
Cancer Base Policy (Yr 1 / Yrs 2-10 / Yrs 11+) + Select Riders Recurrence, Hospital, ICU, and Hospital & ICU Riders ROP Rider see below	65.00%	10.00%	10.00%
Select Riders Recurrence, Hospital, ICU, and Hospital & ICU Riders ROP Rider see below	75.00%	15.00%	15.00%
Loyal Lump Sum Cancer Policy Form Series LY-FDC-BA - MA			
Issue Ages ≤ 64 Base Policy (Yr 1 / Yrs 2-10 / Yrs 11+) + Riders	42.50%	8.00%	8.00%
Issue Ages 65+ Base Policy (Yr 1 / Yrs 2-10 / Yrs 11+) + Riders	32.50%	8.00%	8.00%
Loyal Cancer Treatment Policy Form Series LY-CT-BA - IN, KY & NH Base Policy Only - all riders in IN, KY & NH are generic, TN			
Base Policy (Yr 1 / Yrs 2-10 / Yrs 11+) + Riders	65.00%	10.00%	10.00%
Loyal Cancer Treatment Policy Form Series LY-CT-BA - CT			
Base Policy (Yr 1 / Yrs 2-10 / Yrs 11+)	75.00%	15.00%	15.00%
Riders (Yr 1 / Yrs 2-10 / Yrs 11+)	65.00%	7.00%	7.00%

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LEVEL	FMO - 90		
ACCIDENT - Check your state's outline of coverage for available plans.			
Choice Accident (Policy Form Series LY-ACIN-BA) - All States Unless Otherwise Noted Below			
Base Policy (Yr 1 / Yrs 2-10 / Yrs 11+) + Riders	75.00%	15.00%	15.00%
Choice Accident - CO, OH, SC, TN, UT			
Base Policy (Yr 1 / Yrs 2-10 / Yrs 11+) + Riders	70.00%	10.00%	10.00%
Choice Accident - MN, SD			
Base Policy (Yr 1 / Yrs 2-10 / Yrs 11+) + Riders	65.00%	6.50%	6.50%
Accident Treatment (Policy Form Series LY-AI-BA) - All States Unless Otherwise Noted Below			
Base Policy (Yr 1 / Yrs 2-10 / Yrs 11+) + Riders	75.00%	15.00%	15.00%
LSC Rider (MA only)	42.50%	8.00%	8.00%
Accident Treatment - FL, SD, RI, WA (LSC Rider in WY)			
Base Policy (Yr 1 / Yrs 2-10 / Yrs 11+) + Riders	65.00%	10.00%	10.00%
Accident Treatment - CO, MN			
Base Policy (Yr 1 / Yrs 2-10 / Yrs 11+) + Riders	65.00%	6.50%	6.50%
Accident Expense (Policy Form Series L-ACC-BA) - All States Unless Otherwise Noted Below			
Base Policy (Yr 1 / Yrs 2-10 / Yrs 11+) + Riders	55.00%	6.50%	6.50%
Accident Expense - CO, SD, RI, WA			
Base Policy (Yr 1 / Yrs 2-10 / Yrs 11+) + Riders	45.00%	3.50%	3.50%
Accident Expense - FL			
Base Policy (Yr 1 / Yrs 2-10 / Yrs 11+) + Riders	30.00%	6.50%	6.50%
Accident Expense - MN			
Base Policy (Yr 1 / Yrs 2-10 / Yrs 11+) + Riders	20.00%	3.50%	3.50%
Fleible Choice Accident Rider (Policy Form Series LY-LSAI-RD) - All States Unless Otherwise Noted Below			
(Yr 1 / Yrs 2-10 / Yrs 11+)	60.00%	15.50%	15.00%
RETURN OF PREMIUM - Check your state's outline of coverage for available plans.			
Return of Premium Rider On Selected Products (Policy Form Series LY-ROP-D) - All States Unless Otherwise Noted Below			
(Yr 1 / Yrs 2-10 / Yrs 11+)	66.00%	0.00%	0.00%
Return of Premium Rider - CO, MD, RI, SD - On Selected Products			
(Yr 1 / Yrs 2-10 / Yrs 11+)	60.00%	0.00%	0.00%
Return of Premium Rider - MN - On Selected Products			
(Yr 1 / Yrs 2-10 / Yrs 11+)	50.00%	0.00%	0.00%
MEDICARE SUPPLEMENT - Check your state's outline of coverage for available plans - Effective 1/1/23 Commissions will no longer be paid starting year 31			
PLAN A - Alaska, District of Columbia, Hawaii & Vermont			
All Issue Ages (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	5.00%	5.00%	2.00%
Plans F & G - Alaska, District of Columbia & Hawaii			
Issue Ages 65 - 79 (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	25.00%	4.50%	1.50%
Issue Ages 80+ (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	11.50%	2.00%	1.00%
GI - ALL PLANS (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	2.00%	0.00%	0.00%
Plans N - Alaska, District of Columbia & Hawaii			
Issue Ages 65 - 79 (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	28.00%	2.00%	1.00%
Issue Ages 80+ (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	14.00%	1.50%	0.50%
GI - ALL PLANS (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	2.00%	0.00%	0.00%
Plan A - California***			
All Issue Ages (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	5.00%	5.00%	2.00%
Plans A, F, G & N - California***			
GI (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	2.00%	0.00%	0.00%
Plans F & N - California***			
Issue Ages 64 (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	5.00%	5.00%	2.00%
Plans F & G - California***			
Issue Ages 65 - 79 (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	18.00%	4.50%	4.50%
Issue Ages 80+ (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	8.00%	2.50%	2.50%
Plan N - California***			
Issue Ages 65 - 79 (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	22.00%	2.00%	1.00%
Issue Ages 80+ (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	11.00%	1.50%	0.50%

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LEVEL	FMO - 90		
Plan A - Maine			
All Issue Ages (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)* UW + OE + GI	5.00%	5.00%	2.00%
Plans F & G - Maine			
All Issue Ages (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	23.00%	11.50%	2.00%
All Issue Ages (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)* OE + GI	11.50%	5.75%	2.00%
Plans N - Maine			
All Issue Ages (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	28.00%	2.00%	1.00%
All Issue Ages (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)* OE + GI	14.00%	1.50%	0.50%
Plan A - Oregon			
All Issue Ages (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	5.00%	5.00%	2.00%
Plans B & D - Oregon			
All Issue Ages (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)* + GI	23.00%	3.50%	1.00%
Plans C, F & G - Oregon			
All Issue Ages (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)* + GI	25.00%	4.50%	1.50%
Plan N - Oregon			
All Issue Ages (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)* + GI	28.00%	2.00%	1.00%
Plans F & G - Vermont			
Issue Ages 65-69 (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	23.00%	11.50%	2.00%
Issue Ages 70-74 (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	18.00%	9.00%	2.00%
Issue Ages 75-79 (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	10.50%	5.00%	2.00%
Issue Ages 80-84 (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	5.50%	3.50%	2.00%
Issue Ages 85+ (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	5.00%	2.50%	2.00%
GI - PLANS F & G (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	2.00%	0.00%	0.00%
Plans N - Vermont			
Issue Ages 65-69 (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	28.00%	10.50%	2.00%
Issue Ages 70-74 (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	22.00%	8.00%	1.00%
Issue Ages 75-79 (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	14.50%	4.00%	1.00%
Issue Ages 80-84 (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	9.50%	2.50%	1.00%
Issue Ages 85+ (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	9.00%	1.50%	1.00%
GI - PLAN N (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	2.00%	0.00%	0.00%
Plan A - Washington			
Issue Ages 65+ (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	5.00%	5.00%	5.00%
GI Ages 65+ (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	2.00%	2.00%	2.00%
Plan N - Washington			
Issue Ages 65+ (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	17.00%	17.00%	17.00%
GI Ages 65+ (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	10.50%	10.51%	10.50%
Plan F & G - Washington			
Issue Ages 65+ (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	8.50%	8.50%	8.50%
GI Ages 65+ (Yrs 1-6 / Yrs 7-10 / Yrs 11-30)*	2.00%	2.00%	2.00%

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Loyal American Life Insurance Company®-Commission Schedule Effective 4/7/2025

The maximum advance for all Whole Life production is \$1,500 for the writing agent. Commissions are not paid on rate increases.

LEVEL	FMO - 90		
Individual Whole Life			
Level Plan			
Issue Ages 50-79 (Yrs 1 / 2-5 / 6-10 / 11+)	125.00%	9.00%	5.00%
Issue Ages 80-85 (Yrs 1 / 2-5 / 6-10 / 11+)	95.00%	9.00%	5.00%
Modified Plan			
Issue Ages 50-79 (Yrs 1 / 2-5 / 6-10 / 11+)	95.00%	9.00%	5.00%
Issue Ages 80-85 (Yrs 1 / 2-5 / 6-10 / 11+)	75.00%	9.00%	5.00%
Companion Whole Life			
Issue Ages 64-79 (Yrs 1 / 2-5 / 6-10 / 11+)	115.00%	10.00%	7.00%
Issue Ages 80-85 (Yrs 1 / 2-5 / 6-10 / 11+)	90.00%	10.00%	7.00%

Affiliate replacement commissions are not available in CA, KY, LA, MD, and NV. Affiliate replacement commissions for AK, CO, MO, MS, ME, MI, MT, WA and RI will be available at a later date.

*** Policies sold prior to 1/1/2023 (2/15/2023 for LA and 5/16/2023 for RI) will remain 11+ years || AK, CO, MD, ME, MI, MO, MS, MT & WA remain at 11+ years UW = Underwritten; OE = Open Enrollment

GI = Guaranteed Issue

Some commission rates not yet filed or approved. Subject to change. Check AgentView for product availability.

* MGA 2 - 75 level is not available for new contracts

***The CA Birthday Rule is considered an Open Enrollment situation

**Commission Rate will be paid based on the issue age of the primary insured and, if applicable, the primary insured's spouse.