

United Health Care

**NO RESIDENT APPOINTMENT FEE REQUIRED
YOU MUST BE APPOINTED AND CERTIFIED PRIOR TO
WRITING BUSINESS.**

**THIS PAPERWORK COVERS MEDICARE ADVANTAGE,
PART D AND AARP BRANDED PRODUCTS.**

**PLEASE FOLLOW THE INSTRUCTIONS LISTED
BELOW, SO WE CAN QUICKLY AND ACCURATELY
PROCESS YOUR LICENSING PAPERWORK.**

- 1. Complete Appointment Application. You will sign as the Applicant on Page 3.**
- 2. Add your name on the top of the Agent Agreement (page 3).**
- 3. Complete the left half of page 4, including your signature. United Healthcare will complete the right half.**
- 4. Complete the Authorization for Automatic Deposits if you elect to have your commissions to be paid by EFT. You must attach a voided check.**
- 5. Complete the W-9 form.**
- 6. Return all of the above along with a current copy of your resident license. Include a copy of non-resident licenses (if any) and non-resident appointment fees.**

YOU DO NOT NEED TO SEND BACK THE COMMISSION SCHEDULES.

COPY OF THE DECLARATION PAGE OF YOUR E& O IS REQUIRED.

FAX YOUR LICENSE TO: 866-900-0916
Questions please call 800-769-1847 Option 3 Agent Services

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

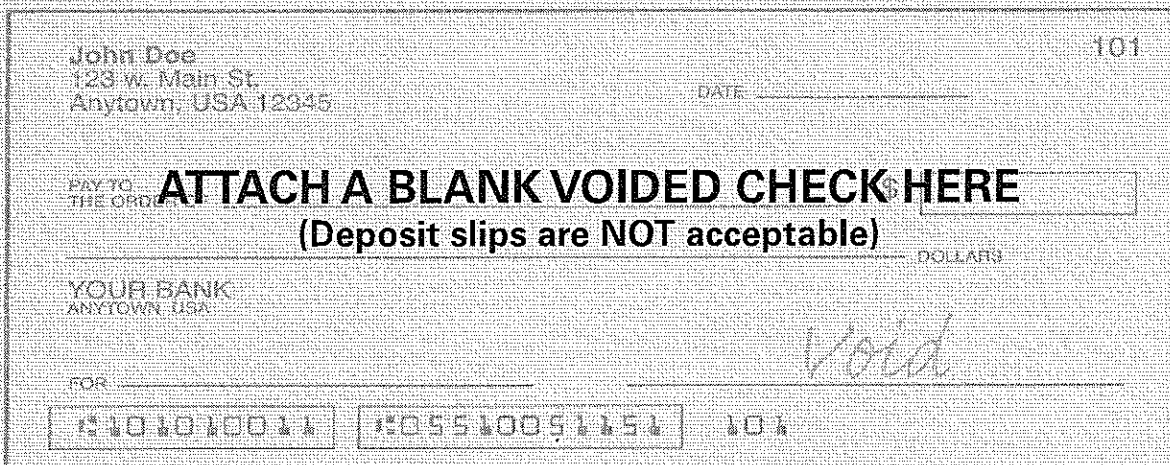
State

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



Request for Taxpayer Identification Number and Certification

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

Please print or type	Name (See Specific Instructions on page 2.)	
	Business name, if different from above. (See Specific Instructions on page 2.)	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		

<p>Part I Taxpayer Identification Number (TIN)</p> <p>Enter your TIN in the appropriate box. 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 2. 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 2.</p> <p>Note: <i>If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.</i></p> <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">Social security number</td> <td style="padding: 0 10px;">or</td> <td style="border: 1px solid black; padding: 2px;">Employer identification number</td> </tr> <tr> <td style="border: 1px solid black; text-align: center; padding: 2px;"> + </td> <td></td> <td style="border: 1px solid black; text-align: center; padding: 2px;"> </td> </tr> </table>	Social security number	or	Employer identification number	+			<p>List account number(s) here (optional)</p> <hr/> <p>Part II For U.S. Payees Exempt From Backup Withholding (See the instructions on page 2.)</p>
Social security number	or	Employer identification number					
+							

Part III Certification

Under penalties of perjury, I certify that:

- 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**
- 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**
- 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 2.)

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 get 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.

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

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

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

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.*

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. 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.

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 not be subject to backup withholding. **Payments you receive will be subject to backup withholding if:**

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- 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

- 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 Part II instructions and the separate **Instructions for the Requester of Form W-9.**

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.

**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 Agent; and an MGA can recommend a GA, Agent, and Solicitor Agent.

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.

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: _____

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

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	NICOLLET
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
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



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
WAHKIAKUM
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