

**AMENDMENT**  
**to**  
**PRESBYTERIAN AGENT AGREEMENT**  
**Exhibit A**

This Amendment (“Amendment”) is dated as of the 1 day of January, 2009 (the “Effective Date”) and is by and between Presbyterian Health Plan, Inc. (“PHP”), Presbyterian Insurance Company, Inc (“PIC”) and “Agent” as such term is defined in the Agent Agreement between PRESBYTERIAN and Agent (‘Agreement’). PHP and PIC are referred to collectively herein as “PRESBYTERIAN.”

RECITALS

A. Agent and PRESBYTERIAN desire to amend the terms of the Agreement as set forth in this Amendment.

AGREEMENT

NOW THEREFORE, in consideration of the forgoing premises, Agent and PRESBYTERIAN agree to the following in accordance with the provisions of Section A (2) of the Agreement, which allows for an amendment of the TABLE OF COMMISSIONS RATES.

1. Amendment of Exhibit A. The existing Exhibit A to the Agreement is hereby deleted in its entirety and replaced with the Exhibit A hereto entitled “COMMERCIAL SALES TABLE OF COMMISSIONS RATES” (Revised 01/01/2009).
  - **Individual Health Plans; Effective Date 5/1/2007 Commissions for Full Web submitted applications must be fully processed and enrolled through PresFLASH.**
  - **Small Group 2 – 50 “Effective Date 01/01/2009”**
    - New Business effective 01/01/2009, groups with 2 – 50 enrolled employees will be paid a flat 7% commission.
    - Existing groups will be transitioned to a flat 7% upon renewal, beginning with accounts renewing 01/01/2009 and thereafter.
2. Effect. Except as amended by the provisions of this Amendment, each of the terms and provisions of the Agreement, as previously amended, shall remain in full force and effect.



PRESBYTERIAN HEALTH PLAN, INC. & PRESBYTERIAN INSURANCE COMPANY, INC.

**EXHIBIT A  
COMMERCIAL SALES TABLE OF COMMISSIONS RATES**

Presbyterian shall pay commissions to Broker and consultants on premiums paid to the company in accordance with the tables below. No commissions will be paid on any individual or group contract for which premium has not been rated to include commission or compensation. All commissions will be paid by the end of each month for premiums received by the 15<sup>th</sup> day of that month. Commissions on premiums received after the 15<sup>th</sup> of the month will be paid the following month. This applies to first year and renewals.

**INDIVIDUAL HEALTH PLANS**

<b>Commission Period</b>	<b>Commissions for Paper Applications</b>	<b>*Commissions for Full Web Submitted Applications</b>
First Year	10%	15%
Subsequent Years	5%	5%

\*Full Web Submitted applications must be fully processed by the broker through PresFLASH.

**SMALL GROUP PLANS 2 – 50 CONTRACTS EFFECTIVE 01/01/2009**

<b>Product</b>	<b>Commission Rate</b>
New Group Plans 2 -50	7%
Renewing Group Plans 2-50*	7%

\* Existing groups will be transitioned to a flat 7% upon renewal, beginning with accounts renewing 01/01/2009 and thereafter.

**LARGE GROUP PLANS 51+ CONTRACTS**

<b>Product</b>	<b>Commissions Rate</b>
Group Plans 51 - 99	4%
Group Plans 100+	*Negotiable

\*For experience rated groups (100+), broker must indicate in the Request for Proposal (RFP) the desired rate of commissions, otherwise commissions will automatically be set at 4%.

**STATE COVERAGE INSURANCE GROUP PLANS/ INDIVIDUAL PLANS**

<b>Product</b>	<b>Commissions Rate</b>
SCI Group Enrollment-New Group	*\$150 per group member upon enrollment
SCI Group Enrollment-Renewal Group	*\$150 per group member upon re-certification
SCI Individual Plans	No Commission

\*Payout for SCI group enrollment is per group member upon enrollment, and upon subsequent annual re-certification of SCI Group members. It is not paid on a monthly commission basis.

**NEW MEXICO HEALTH INSURANCE ALLIANCE**

<b>Product</b>	<b>Commissions Rate</b>
NMHIA	*6% First and Subsequent Years

\*Or other amounts as defined by the New Mexico Health Alliance program.