



ACKNOWLEDGEMENT OF CONTRACTUAL OBLIGATIONS

Date:

Writing Individual: Printed Name and NPN:

Contracting Agency for the Writing Agent:

By my signature below, I acknowledge and agree that:

I will comply with all the terms and conditions contained in the Producer Agreement entered into between my agency and the entities listed on Schedule A of the Producer Agreement (collectively, the "Company"). In the event, the Company is subsequently merged or acquired by another entity, this Acknowledgement of Contractual Obligations shall transfer to the new entity, if applicable.

All products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Connecticut General Life Insurance Company (CGLIC), Cigna Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.