



321 Middle Country Road
PO Box 863
Smithtown, NY 11787
Phone: 631-265-7456 Fax: 631-265-7054
www.victorson.com

Dear Producer,

Welcome to Victorson Associates, Inc.! Attached you will find the **United American Insurance** contracting paperwork you requested. You will find contracting paperwork to complete for individual and/or corporate appointment. Please forward completed paperwork back to me at above address, e-mail or fax for processing.

**** Your appointment must be processed and completed prior to taking new business.****

Please be thorough in completing the forms. Once you have them completed, please take a moment and make sure you have attached the following:

1. Completed and signed contracting paperwork.
2. Voided check with direct deposit authorization – recommended.
3. Proof of AML certification (active within 24/48 months). If AML taken through LIMRA please note latest date completed, if taken another way please complete the AML training Info form.
4. A copy of your state life license (where appointment is requested). If Corp appointment is to be set up the please include both individual and corporate license.
5. Completed credit card authorization for appointment in state that requires processing fee (see fee chart included). -recommended.

At Victorson Associates, Inc. we appreciate your business. Once we receive notice that your appointment with the carrier is complete we will e-mail you confirmation.

If you have any questions at all, please feel free to contact me.

Sincerely,

Linda DePinto

Linda DePinto
Licensing Coordinator
lindad@victorson.com



Sub Agent Kit



Forms to build your relationship with
United American Insurance Company.

71472

General Agent Name: Victorson Associates / Gary Victorson Sub Agent Data Sheet
UA account#: 71472

Applicant Information - Print Name

Full Name: _____ Social Security Number: _____

Business Address

Address: _____ Suite #: _____
City: _____ State: _____ ZIP Code: _____
Phone: _____ Fax: _____ Mobile: _____

E-Mail Address: _____

Personal Address

Address: _____
City: _____ State: _____ ZIP Code: _____
Phone: _____ Fax: _____ Mobile: _____

E-Mail Address: _____

Additional Information

Date of Birth: _____ Place of Birth: _____

Are you a citizen of the United States? Yes No

Spouse's Name: _____ Is your spouse licensed to sell Life or Health Insurance? Yes No

Information required by State Insurance Departments

Have you ever been convicted of a felony? Yes No (if so, enclose court documents and an explanation)

Have you ever been refused, had suspended, or revoked an insurance license in any state? Yes No

Do you owe an unpaid balance to any insurance company? Yes No (if so, enclose particulars)

Authorization to Obtain Information

I certify that my answers are true and complete to the best of my knowledge.

I AUTHORIZE ANY CONSUMER REPORTING AGENCY, or any other organization, or person having knowledge of my character, reputation and financial position to give United American Insurance Company any and all such information. I understand that the information obtained by use of this authorization will be used by the Company to determine eligibility for agent appointments, and for other business purposes in connection with our relationship. I hereby release them from all liability for any damage that may ensue from furnishing this information.

I give my consent to United American Insurance Company to perform periodic criminal history background checks in any state, including Georgia, prior to, and up to, termination of my contract with United American.

I understand that any information obtained will not be released by United American Insurance Company to any person or organization except to persons or organizations performing business or legal services in connection with this application.

I know that I may request to receive a copy of this authorization and the report. I understand and agree that a photographic copy of this Authorization shall be valid as the original.

Date X _____ SIGNATURE OF APPLICANT

Sub Agent Agreement – must be signed by applicant

To: United American:

I understand that United American Insurance Company does not compensate Sub-Agents, that after I have become authorized to represent the Company, I may place business for the Company only through the General Agent (person or corporation) of the Company for whom I am designated as Sub-Agent, that such General Agent alone will be accountable to me for my compensation in accordance with the contract or agreement that I have with such General Agent, and that the General Agent is not authorized to and cannot bind or obligate the company for my compensation or for the performance of any contract or agreement which such General agent may have with me.

I understand that United American Insurance Company prohibits solicitation of business by anyone who is not authorized to represent the Company by the Insurance Department of the jurisdiction in which the solicitation takes place, and I agree that I will not solicit for the Company until my authority to represent the Company has been secured from the applicable Insurance Department and is in my personal possession.

Gary Victorson
(General Agent)

X
(Applicant Signature)

71472
(General Agent Number)

X
Today's Date

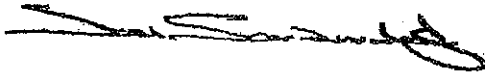
The Parties agree that, in the event that any documentation of the arrangement pursuant to which Business Associate provides services to Covered Entity contains provisions relating to the use or disclosure of Protected Health Information which are more restrictive than the provisions of this Agreement, the provisions of the more restrictive documentation will control. The provisions of this Agreement are intended to establish the minimum requirements regarding Business Associate's use and disclosure of Protected Health Information.

In the event that any provision of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, the remainder of the provisions of this Agreement will remain in full force and effect. In addition, in the event a Party believes in good faith that any provision of this Agreement fails to comply with the then-current requirements of the HIPAA Security and Privacy Rule, including any then-current requirements of the HITECH Act or its regulations, such Party shall notify the other Party in writing. For a period of up to thirty (30) days, the Parties shall address in good faith such concern and amend the terms of this Agreement, if necessary to bring it into compliance. If, after such thirty-day period, the Agreement fails to comply with the HIPAA Security and Privacy Rule, including the HITECH Act, then either Party has the right to terminate upon written notice to the other Party.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the day and year written above.

UNITED AMERICAN INSURANCE COMPANY:

BUSINESS ASSOCIATE:



By: Joel Scarborough
Title: Vice President & Associate Counsel

By: 
Title: 

Business Associate Agreement

This Agreement is made effective the _____ of _____, 201__, by and between **UNITED AMERICAN INSURANCE COMPANY**, hereinafter referred to as "Covered Entity", and _____, hereinafter referred to as "Business Associate", (individually, a "Party" and collectively, the "Parties").

WITNESSETH:

WHEREAS, Sections 261 through 264 of the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, known as "the Administrative Simplification provisions," direct the Department of Health and Human Services to develop standards to protect the security, confidentiality and integrity of health information; and

WHEREAS, pursuant to the Administrative Simplification provisions, the Secretary of Health and Human Services issued regulations modifying 45 CFR Parts 160 and 164 (the "HIPAA Security and Privacy Rule"); and

WHEREAS, the American Recovery and Reinvestment Act of 2009 (Pub. L. 111-5), pursuant to Title XIII of Division A and Title IV of Division B, called the "Health Information Technology for Economic and Clinical Health" ("HITECH") Act, provides modifications to the HIPAA Security and Privacy Rule (hereinafter, all references to the "HIPAA Security and Privacy Rule" are deemed to include all amendments to such rule contained in the HITECH Act and any accompanying regulations, and any other subsequently adopted amendments or regulations); and

WHEREAS, the Parties wish to enter into or have entered into an arrangement whereby Business Associate will provide certain services to Covered Entity, and, pursuant to such arrangement, Business Associate may be considered a "business associate" of Covered Entity as defined in the HIPAA Security and Privacy Rule (the agreement evidencing such arrangement is herein referred to as the "Arrangement Agreement"); and

WHEREAS, Business Associate may have access to Protected Health Information (as defined below) in fulfilling its responsibilities under such arrangement;

THEREFORE, in consideration of the Parties' continuing obligations under the Arrangement Agreement, compliance with the HIPAA Security and Privacy Rule, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, and intending to be legally bound, the Parties agree to the provisions of this Agreement in order to address the requirements of the HIPAA Security and Privacy Rule and to protect the interests of both Parties.

I. DEFINITIONS

Except as otherwise defined herein, any and all capitalized terms in this Section shall have the definitions set forth in the HIPAA Security and Privacy Rule. In the event of an inconsistency between the provisions of this Agreement and mandatory provisions of the HIPAA Security and Privacy Rule, as amended, the HIPAA Security and Privacy Rule shall control. Where provisions of this Agreement are different than those mandated in the HIPAA Security and Privacy Rule, but are nonetheless permitted by the HIPAA Security and Privacy Rule, the provisions of this Agreement shall control.

The term "Protected Health Information" means individually identifiable health information including, without limitation, all information, data, documentation, and materials, including without limitation, demographic, medical and financial information, that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual. "Protected Health Information" includes without limitation "Electronic Protected Health Information" as defined below.

The term "Electronic Protected Health Information" means Protected Health Information which is transmitted by Electronic Media (as defined in the HIPAA Security and Privacy Rule) or maintained in Electronic Media.

Business Associate acknowledges and agrees that all Protected Health Information that is created or received by Covered Entity and disclosed or made available in any form, including paper record, oral communication, audio recording, and electronic display by Covered Entity or its operating units to Business Associate or is created or received by Business Associate on Covered Entity's behalf shall be subject to this Agreement.

II. CONFIDENTIALITY AND SECURITY REQUIREMENTS

(a) Business Associate agrees:

(i) to use or disclose any Protected Health Information solely: (1) for meeting its obligations as set forth in any agreements between the Parties evidencing their business relationship, or (2) as required by applicable law, rule or regulation, or by accrediting or credentialing organization to whom Covered Entity is required to disclose such information or as otherwise permitted under this Agreement, the Arrangement Agreement (if consistent with this Agreement and the HIPAA Security and Privacy Rule), or the HIPAA Security and Privacy Rule, and (3) as would be permitted by the HIPAA Security and Privacy Rule if such use or disclosure were made by Covered Entity. All such uses and disclosures shall be subject to the limits set forth in 45 CFR § 164.514 regarding limited data sets and 45 CFR § 164.502(b) regarding the minimum necessary requirements;

(ii) at termination of this Agreement, the Arrangement Agreement (or any similar documentation of the business relationship of the Parties), or upon request of Covered Entity, whichever occurs first, if feasible, Business Associate will return or destroy all Protected Health Information received from or created or received by Business Associate on behalf of Covered Entity that Business Associate still maintains in any form and retain no copies of such information, or if such return or destruction is not feasible, Business Associate will extend the protections of this Agreement to the information and limit further uses and disclosures to those purposes that make the return or destruction of the information not feasible;

(iii) to ensure that its agents, including a subcontractor, to whom it provides Protected Health Information received from or created by Business Associate on behalf of Covered Entity, agrees to the same restrictions and conditions that apply to Business Associate with respect to such information, and agrees to implement reasonable and appropriate safeguards to protect any of such information which is Electronic Protected Health Information. In addition, Business Associate agrees to take reasonable steps to ensure that its employees' actions or omissions do not cause Business Associate to breach the terms of this Agreement;

(iv) Business Associate shall, following the discovery of a breach of unsecured PHI, as defined in the HITECH Act or accompanying regulations, notify the covered entity of such breach pursuant to the terms of 45 CFR § 164.410 and cooperate in the covered entity's breach analysis procedures, including risk assessment, if requested. A breach shall be

treated as discovered by Business Associate as of the first day on which such breach is known to Business Associate or, by exercising reasonable diligence, would have been known to Business Associate. Business Associate will provide such notification to Covered Entity without unreasonable delay and in no event later than thirty (30) calendar days after discovery of the breach. Such notification will contain the elements required in 45 CFR § 164.410; and

(v) Business Associate will, pursuant to the HITECH Act and its implementing regulations, comply with all additional applicable requirements of the Privacy Rule, including those contained in 45 CFR §§ 164.502(e) and 164.504(e)(1)(ii), at such time as the requirements are applicable to Business Associate. Business Associate will not directly or indirectly receive remuneration in exchange for any PHI, subject to the exceptions contained in the HITECH Act, without a valid authorization from the applicable individual. Business Associate will not engage in any communication which might be deemed to be "marketing" under the HITECH Act. In addition, Business Associate will, pursuant to the HITECH Act and its implementing regulations, comply with all applicable requirements of the Security Rule, contained in 45 CFR §§ 164.308, 164.310, 164.312 and 164.316, at such time as the requirements are applicable to Business Associate.

(b) Notwithstanding the prohibitions set forth in this Agreement, Business Associate may use and disclose Protected Health Information as follows:

(i) if necessary, for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate, provided that as to any such disclosure, the following requirements are met:

(A) the disclosure is required by law; or

(B) Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached;

(ii) for data aggregation services, if to be provided to Business Associate for the health care operations of Covered Entity pursuant to any agreements between the Parties evidencing their business relationship. For purposes of this Agreement, data aggregation services means the combining of Protected Health Information by Business Associate with the protected health information received by Business Associate in its capacity as a business associate of another covered entity, to permit data analyses that relate to the health care operations of the respective covered entities.

(c) Business Associate will implement appropriate safeguards to prevent use or disclosure of Protected Health Information other than as permitted in this Agreement. Business Associate will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of any Electronic Protected Health Information that it creates, receives, maintains, or transmits on behalf of Covered Entity as required by the HIPAA Security and Privacy Rule.

(d) The Secretary of Health and Human Services shall have the right to audit Business Associate's records and practices related to use and disclosure of Protected Health Information to ensure Covered Entity's compliance with the terms of the HIPAA Security and Privacy Rule.

(e) Business Associate shall report to Covered Entity any use or disclosure of Protected Health Information which is not in compliance with the terms of this Agreement of which it becomes aware. Business Associate shall report to Covered Entity any Security Incident of which it becomes aware. For

purposes of this Agreement, "Security Incident" means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system. In addition, Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.

III. AVAILABILITY OF PHI

Business Associate agrees to comply with any requests for restrictions on certain disclosures of Protected Health Information pursuant to Section 164.522 of the HIPAA Security and Privacy Rule to which Covered Entity has agreed and of which Business Associate is notified by Covered Entity. Business Associate agrees to make available Protected Health Information to the extent and in the manner required by Section 164.524 of the HIPAA Security and Privacy Rule. If Business Associate maintains Protected Health Information electronically, it agrees to make such Protected Health Information electronically available to the applicable individual. Business Associate agrees to make Protected Health Information available for amendment and incorporate any amendments to Protected Health Information in accordance with the requirements of Section 164.526 of the HIPAA Security and Privacy Rule. In addition, Business Associate agrees to make Protected Health Information available for purposes of accounting of disclosures, as required by Section 164.528 of the HIPAA Security and Privacy Rule and Section 13405(c)(3) of the HITECH Act. Business Associate and Covered Entity shall cooperate in providing any accounting required on a timely basis.

IV. TERMINATION

Notwithstanding anything in this Agreement to the contrary, Covered Entity shall have the right to terminate this Agreement and the Arrangement Agreement immediately if Covered Entity determines that Business Associate has violated any material term of this Agreement. If Covered Entity reasonably believes that Business Associate will violate a material term of this Agreement and, where practicable, Covered Entity gives written notice to Business Associate of such belief within a reasonable time after forming such belief, and Business Associate fails to provide adequate written assurances to Covered Entity that it will not breach the cited term of this Agreement within a reasonable period of time given the specific circumstances, but in any event, before the threatened breach is to occur, then Covered Entity shall have the right to terminate this Agreement and the Arrangement Agreement immediately.


V. MISCELLANEOUS

Except as expressly stated herein or the HIPAA Security and Privacy Rule, the Parties to this Agreement do not intend to create any rights in any third parties. The obligations of Business Associate under this Section shall survive the expiration, termination, or cancellation of this Agreement, the Arrangement Agreement and/or the business relationship of the Parties, and shall continue to bind Business Associate, its agents, employees, contractors, successors, and assigns as set forth herein.

This Agreement may be amended or modified only in a writing signed by the Parties. No Party may assign its respective rights and obligations under this Agreement without the prior written consent of the other Party. None of the provisions of this Agreement are intended to create, nor will they be deemed to create any relationship between the Parties other than that of independent parties contracting with each other solely for the purposes of effecting the provisions of this Agreement and any other agreements between the Parties evidencing their business relationship. This Agreement will be governed by the laws of the State of Texas. No change, waiver or discharge of any liability or obligation hereunder on any one or more occasions shall be deemed a waiver of performance of any continuing or other obligation, or shall prohibit enforcement of any obligation, on any other occasion.



Corporation/Agency Contracting Guide



Agents are
the driving
force behind
our success.

We are United American.

Contracting forms to build your relationship with
United American Insurance Company.

Need Additional Information?

- Agent Service Center - 800-925-7355

Corporation/Agency-Data Sheet ~ Recruiting Agent Writing # 71472

(For Corp/Agcy and Designated Agent Information)

NOTE: If Recruiting Agent writing number is not submitted with paperwork, the Recruiting Agent will not be included in the hierarchy

Corp/Agcy Information

Full Name:	Tax ID Number:
------------	----------------

Corp/Agcy Address

Address:	Suite #:	
City:	State:	ZIP Code:
Phone:	Fax:	Mobile:
E-Mail Address:		

Designated Agent Information

Full Name:	SS#	
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Mobile:
E-Mail Address:		
Date of Birth:	Place of Birth:	
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Spouse's Name:	Is your spouse licensed to sell Life or Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Information required by State Insurance Departments

Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No (if so, enclose court documents and an explanation)
Have you ever been refused, had suspended, or revoked an insurance license in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you owe an unpaid balance to any insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No (if so, enclose particulars)

Authorization to Obtain Information

I certify that my answers are true and complete to the best of my knowledge.


I AUTHORIZE ANY CONSUMER REPORTING AGENCY, or any other organization, or person having knowledge of my character, reputation and financial position to give United American Insurance Company any and all such information. I understand that the information obtained by use of this authorization will be used by the Company to determine eligibility for agent appointments, and for other business purposes in connection with our relationship. I hereby release them from all liability for any damage that may ensue from furnishing this information.

I give my consent to United American Insurance Company to perform periodic criminal history background checks in any state, including Georgia, prior to, and up to, termination of my contract with United American.

I understand that any information obtained will not be released by United American Insurance Company to any person or organization except to persons or organizations performing business or legal services in connection with this application.

I know that I may request to receive a copy of this authorization and the report. I understand and agree that a photographic copy of this Authorization shall be valid as the original.

Date X



SIGNATURE OF DESIGNATED AGENT

Sub Agent Agreement – must be signed by Designated Agent

To: United American:

I understand that United American Insurance Company does not compensate sub-Agents, that after I have become authorized to represent the Company, I may place business for the Company only through the General Agent (person or corporation) of the Company for whom I am designated as sub-Agent, that such General Agent alone will be accountable to me for my compensation in accordance with the contract or agreement that I have with such General Agent, and that the General Agent is not authorized to and cannot bind or obligate the company for my compensation or for the performance of any contract or agreement which such General agent may have with me.

I understand that United American Insurance Company prohibits solicitation of business by anyone who is not authorized to represent the Company by the insurance Department of the jurisdiction in which the solicitation takes place, and I agree that I will not solicit for the Company until my authority to represent the Company has been secure from the applicable Insurance Department and is in my personal possession.

(Corp/Agency Name)

X _____
(Designated Agent Signature)

(Corp/Agency UA Acct #)

X _____
Date

**UNITED AMERICAN INSURANCE COMPANY
GENERAL AGENCY DIVISION
INDEPENDENT CONTRACTOR'S AGREEMENT**

This Contract, and the Commission Schedule(s) attached hereto and made a part hereof for all purposes (collectively referred to as "this Contract"), made on this _____ day of _____, 20____, by and between **UNITED AMERICAN INSURANCE COMPANY** (hereinafter referred to as "Company"), and _____ (hereinafter referred to as "Independent Contractor") for the purpose of soliciting applications for insurance and insurance products written under the General Agency Division, which provides for the sale of life and health insurance products.

RELATIONSHIP OF PARTIES

It is expressly agreed that the relationship intended by this Contract between Company and Independent Contractor shall be that of an independent contractor relationship only, and that nothing contained herein shall be construed to create the relationship of employer and employee. This Contract or any benefit hereunder may not be assigned, transferred, or pledged by Independent Contractor, without Company's prior written consent.

MANNER OF CONDUCTING BUSINESS

Independent Contractor's clientele may be developed by him by any lawful means. Independent Contractor shall select his own hours and workdays and is under no obligation to account to Company for his time. Company may hold sales meetings to acquaint Independent Contractor with new products and sales techniques for the benefit of Independent Contractor. However, attendance at sales meetings will be optional and at the expense of Independent Contractor. Independent Contractor shall be free to exercise his own judgment as to the time, routine, place, method and manner he solicits insurance. Independent Contractor shall not solicit outside the jurisdiction for which he is licensed or contrary to the laws or insurance regulations of the states where he operates.

Company may from time to time make available to Independent Contractor supplies, leads, name lists, advertising matter and other material designed to assist Independent Contractor in soliciting business. All such material and other policyholder information, whether past, current or prospective, acquired by Independent Contractor shall remain the sole property of Company, shall not be duplicated and shall be returned to Company within five (5) days after the termination of this Contract.

EXPENSES

Independent Contractor shall be responsible for all expenses incurred in the production of insurance for Company. Independent Contractor shall at his own expense furnish his own means of transportation, office or place of business, advertisements, form letters, letterheads, circulars, and any other relevant expenses incurred in the solicitation of insurance for Company.

Independent Contractor shall be responsible to Company for all loss or damage arising from business done by and entrusted to him and shall indemnify and hold Company harmless from any and all expenses, costs, causes of action, loss or damages resulting from fraudulent or unauthorized acts or omissions of Independent Contractor and any agent(s) appointed by Company and assigned to Independent Contractor.

POWERS, DUTIES & RESPONSIBILITIES

During the continuance of this Contract:

- A. Independent Contractor has the authority to remit applications for insurance to Company for approval or rejection and to collect only the initial premium payments due on such applications.
- B. Independent Contractor may procure personally, or through agent(s) if applicable, applications for insurance underwritten by Company.
- C. When authorized by Company and subject to Company approval, Independent Contractor may recruit, train, and supervise agents.
- D. Independent Contractor shall have the duty of properly representing Company and developing his territory with diligence and in an ethical manner, and Independent Contractor agrees to conform to the rules, regulations, and practices of Company.
- E. Independent Contractor shall be responsible to Company for all monies and securities received by him for Company and shall hold such in trust separate from all other funds and securities, and promptly remit same to Company.

- F. Company reserves the right at any time to terminate the contract of any agent appointed by Company and assigned to Independent Contractor.
- G. Independent Contractor shall not insert or authorize the insertion of any advertising matter bearing Company's name in any email, written publication, on the internet, or on other social media sites, or issue or distribute, or authorize the issuance or distribution of, any circular or paper on behalf of Company, without first submitting said advertising matter in writing to Company and receiving prior written approval of Company. In addition, Independent Contractor must obtain Company's approval prior to referencing Company's name or products in any television or radio transmission.

COMMISSIONS

Company agrees to pay to Independent Contractor commissions on business written by Independent Contractor or any agents assigned to him by Company on premiums actually received and earned by Company in accordance with the Commission Schedule(s) attached hereto. In the event Company shall, either during the continuance of this Contract or after its termination, refund premiums under any policy to an Insured, Independent Contractor shall immediately repay to Company the amount of any commission paid him or his agent(s) on the premium so refunded.

- A. All commissions shall be calculated only on premium actually received by Company. Commissions will be calculated only on those premiums paid by or on behalf of the insured. No commissions shall be paid on interest, or on premium waived or commuted by reason of death, disability or exercise of policy options.
- B. Company at any time while this Contract is in force or after its termination may set off against any claims by Independent Contractor for commission or other monies accruing to the account of Independent Contractor under the terms of this Contract any debts, liabilities or obligations of Independent Contractor to Company or its affiliates. Independent Contractor further agrees that any indebtedness now or hereafter owing to Company or its affiliates shall be secured by a first lien against the commissions or any other monies payable to Independent Contractor under this Contract and any other contract Independent Contractor may have with Company or its affiliates. If Independent Contractor has one or more agents assigned to him and any such agent loses his vesting and has a debit balance with Company at such time, then that agent's account, including the debit balance, will be incorporated into Independent Contractor's account with Company. Independent Contractor's account will be credited with commissions from and debited for all charges against such agent's account. However, upon paying such indebtedness to Company, Independent Contractor will be subrogated to Company's right of recovery against such agent and Company will, if requested, assign its rights in said indebtedness to Independent Contractor, without recourse or warranty. Notwithstanding the foregoing, Company reserves the right, in its sole discretion, to instead incorporate any such agent's account into the account of an intervening agent assigned to Independent Contractor. Nonetheless, Independent Contractor is ultimately responsible to Company for all indebtedness which any agent assigned to Independent Contractor owes to Company.
- C. All amounts owed to Company or its affiliates by Independent Contractor shall become due and payable immediately upon notice to Independent Contractor.
- D. The right to receive commission shall automatically terminate upon termination of this Contract except as provided herein. Payment of renewal commission upon termination of this Contract will be vested immediately, subject, however, to Company's right of set off as set forth in this Contract, the limitations and exceptions described below and the provisions of the Loan Agreement and Deportment sections of this Contract.

The right to receive vested renewal commissions, if any, shall immediately terminate without notice if:

- (1) This Contract is terminated for cause or for any violations of any of the provisions or agreements of this Contract.
 - (2) In any calendar year following termination the amount of vested renewal commissions paid under this Contract is less than \$500.00.
 - (3) Any debit balance is not repaid within 120 days after termination of this Contract.
- E. At the option of Company, payment of commissions will be held in abeyance for 120 days after termination to determine the existence of any sums due Company which are to be set off against commissions.
 - F. Termination of an agent assigned to Independent Contractor shall not affect the right, if any, of Independent Contractor to receive overwrite commission on the production of such terminated agent.

This Contract shall be terminated by the death of Independent Contractor, if an individual, and all eligible renewal commissions shall be then vested and payable to the surviving spouse. If there is no surviving spouse then such renewal commissions shall be paid to the Executors or Administrators of Independent Contractor's Estate.

Company reserves the right to alter, increase, decrease, modify or withdraw the Commission Schedule and/or Loan Agreement Provisions of this Contract at any time. However, any change shall apply from and after the effective date of such change on business produced after that date.

LOAN AGREEMENT

If Independent Contractor elects, Company may make periodic loans to Independent Contractor against future credited commissions on applications written and submitted to Company by Independent Contractor or any agents assigned to Independent Contractor. Such loans shall be made in lieu of payment of credited commissions as provided in the Commission Schedule.

- A. Such loan(s) shall be based on insurance premiums on production submitted on completed applications. The amount loaned shall be determined in the sole discretion of Company.
- B. Any loan proceeds shall be reduced by the amount of chargebacks to Independent Contractor's account from any source.

INDEBTEDNESS OF INDEPENDENT CONTRACTOR

Any indebtedness owed by Independent Contractor to Company shall be paid upon notice to Independent Contractor. In addition to the provisions of the "Department" paragraph below, all indebtedness of Independent Contractor to Company shall be secured by a first lien on any commissions or renewal commissions due or to become due Independent Contractor. Company may at any time offset against all commissions accrued or to accrue to Independent Contractor, any debt due from Independent Contractor to Company or its affiliates, whether now existing or hereafter arising. In the event any indebtedness is placed in the hands of a collection agent or attorney, or both, Company shall be entitled to recover reasonable collection and attorney's fees. Unless otherwise prohibited by law or regulation, such indebtedness shall include any amounts paid by Company to appoint and/or properly license Independent Contractor. In addition, in the event Independent Contractor's indebtedness to Company is completely discharged by any individual or entity to whom Independent Contractor is assigned, such individual or entity shall be subrogated to Company's right to recover the balance of such indebtedness from Independent Contractor, and may thereafter proceed directly against Independent Contractor without the joinder of Company.

INDEBTEDNESS OF AGENT

For the purposes of this paragraph, an "agent" shall be any individual or entity appointed with Company to solicit insurance on its behalf on whom Independent Contractor receives an overwrite commission, or who is assigned to Independent Contractor and becomes a part of Independent Contractor's hierarchy, irrespective of the number of levels of agents under Independent Contractor. Independent Contractor shall be fully responsible for any indebtedness (sometimes referred to as an "agent's debit balance") of an agent, and does hereby guarantee payment of any and all indebtedness of an agent. Independent Contractor hereby approves any advances or loans which Company makes to an agent assigned to Independent Contractor, and Company shall not be obligated to obtain Independent Contractor's approval of any specific loan or advance. If an agent's appointment with Company is terminated for any reason (whether by Company, the agent or by mutual agreement), Company shall give the departing agent a period of 120 days within which to pay any indebtedness to Company by direct payment, application of renewal commissions or a combination thereof. In the event such indebtedness has not been discharged in full at the expiration of that 120 day period, the agent's right, if any, to further renewal commissions from Company shall automatically terminate, and Independent Contractor shall be liable for and responsible to discharge such indebtedness just as though Independent Contractor had incurred such indebtedness directly. In such event, Company shall have the same rights and remedies to recover said indebtedness from Independent Contractor as set forth in the "Commissions" paragraph. Upon payment and discharge of said indebtedness in full, Independent Contractor shall be subrogated to Company's rights against the agent, and may proceed directly against the agent without the joinder of Company.

DEPARTMENT

Should Independent Contractor at any time, either before or after termination of this Contract, wrongfully withhold any funds belonging to any applicant for insurance, a policyholder, or Company; or should Independent Contractor induce any policyholder to lapse, relinquish or surrender a policy with Company; or should Independent Contractor be in default under, or fail to comply with any provision, covenant, representation or warranty contained in this Contract or any other Contract, or in any document or instrument related thereto, between Independent Contractor and Company; or should Independent Contractor fail to comply with any State insurance laws or regulations, or Federal laws or regulations under which he or it is licensed or is otherwise subject; then Independent Contractor shall immediately forfeit his right to receive any commissions or any other compensation due or to become due, whether vested or otherwise, under this Contract or any other agreement with Company.

ADDITIONAL PROVISIONS

This Contract is personal and not transferable. Any assignment, transfer, or sale of this Contract or any right to interest herein, without prior written consent of Company, shall not be valid or in any way binding upon Company.

The use of the masculine gender shall include the feminine gender and the use of the singular shall include the plural where appropriate.

This Contract takes effect on the date and year first above written.

TERMINATION

This Contract may be terminated at the will of either party hereto, for any reason or without cause, at any time upon actual notice, written or oral. Cancellation or loss of license shall automatically terminate this Contract.

IN WITNESS WHEREOF, this Contract has been signed by the parties hereto.

UNITED AMERICAN INSURANCE COMPANY

BY: _____
President

X
Date _____

X
Signature of Independent Contractor _____

Must complete below to elect to receive loans (advances)

Re: Loan Agreement:

- I DO elect to receive loans from Company.
- I DO NOT elect to receive loans from Company.

X
Date _____

X
Signature of Independent Contractor _____

UA GAD Indep Contractor contract 10-21-10

Business Associate Agreement

This Agreement is made effective the _____ of _____, 201____, by and between **UNITED AMERICAN INSURANCE COMPANY**, hereinafter referred to as "Covered Entity", and _____, hereinafter referred to as "Business Associate", (individually, a "Party" and collectively, the "Parties").

WITNESSETH:

WHEREAS, Sections 261 through 264 of the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, known as "the Administrative Simplification provisions," direct the Department of Health and Human Services to develop standards to protect the security, confidentiality and integrity of health information; and

WHEREAS, pursuant to the Administrative Simplification provisions, the Secretary of Health and Human Services issued regulations modifying 45 CFR Parts 160 and 164 (the "HIPAA Security and Privacy Rule"); and

WHEREAS, the American Recovery and Reinvestment Act of 2009 (Pub. L. 111-5), pursuant to Title XIII of Division A and Title IV of Division B, called the "Health Information Technology for Economic and Clinical Health" ("HITECH") Act, provides modifications to the HIPAA Security and Privacy Rule (hereinafter, all references to the "HIPAA Security and Privacy Rule" are deemed to include all amendments to such rule contained in the HITECH Act and any accompanying regulations, and any other subsequently adopted amendments or regulations); and

WHEREAS, the Parties wish to enter into or have entered into an arrangement whereby Business Associate will provide certain services to Covered Entity, and, pursuant to such arrangement, Business Associate may be considered a "business associate" of Covered Entity as defined in the HIPAA Security and Privacy Rule (the agreement evidencing such arrangement is herein referred to as the "Arrangement Agreement"); and

WHEREAS, Business Associate may have access to Protected Health Information (as defined below) in fulfilling its responsibilities under such arrangement;

THEREFORE, in consideration of the Parties' continuing obligations under the Arrangement Agreement, compliance with the HIPAA Security and Privacy Rule, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, and intending to be legally bound, the Parties agree to the provisions of this Agreement in order to address the requirements of the HIPAA Security and Privacy Rule and to protect the interests of both Parties.

I. DEFINITIONS

Except as otherwise defined herein, any and all capitalized terms in this Section shall have the definitions set forth in the HIPAA Security and Privacy Rule. In the event of an inconsistency between the provisions of this Agreement and mandatory provisions of the HIPAA Security and Privacy Rule, as amended, the HIPAA Security and Privacy Rule shall control. Where provisions of this Agreement are different than those mandated in the HIPAA Security and Privacy Rule, but are nonetheless permitted by the HIPAA Security and Privacy Rule, the provisions of this Agreement shall control.

The term "Protected Health Information" means individually identifiable health information including, without limitation, all information, data, documentation, and materials, including without limitation, demographic, medical and financial information, that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual. "Protected Health Information" includes without limitation "Electronic Protected Health Information" as defined below.

The term "Electronic Protected Health Information" means Protected Health Information which is transmitted by Electronic Media (as defined in the HIPAA Security and Privacy Rule) or maintained in Electronic Media.

Business Associate acknowledges and agrees that all Protected Health Information that is created or received by Covered Entity and disclosed or made available in any form, including paper record, oral communication, audio recording, and electronic display by Covered Entity or its operating units to Business Associate or is created or received by Business Associate on Covered Entity's behalf shall be subject to this Agreement.

II. CONFIDENTIALITY AND SECURITY REQUIREMENTS

(a) Business Associate agrees:

(i) to use or disclose any Protected Health Information solely: (1) for meeting its obligations as set forth in any agreements between the Parties evidencing their business relationship, or (2) as required by applicable law, rule or regulation, or by accrediting or credentialing organization to whom Covered Entity is required to disclose such information or as otherwise permitted under this Agreement, the Arrangement Agreement (if consistent with this Agreement and the HIPAA Security and Privacy Rule), or the HIPAA Security and Privacy Rule, and (3) as would be permitted by the HIPAA Security and Privacy Rule if such use or disclosure were made by Covered Entity. All such uses and disclosures shall be subject to the limits set forth in 45 CFR § 164.514 regarding limited data sets and 45 CFR § 164.502(b) regarding the minimum necessary requirements;

(ii) at termination of this Agreement, the Arrangement Agreement (or any similar documentation of the business relationship of the Parties), or upon request of Covered Entity, whichever occurs first, if feasible, Business Associate will return or destroy all Protected Health Information received from or created or received by Business Associate on behalf of Covered Entity that Business Associate still maintains in any form and retain no copies of such information, or if such return or destruction is not feasible, Business Associate will extend the protections of this Agreement to the information and limit further uses and disclosures to those purposes that make the return or destruction of the information not feasible;

(iii) to ensure that its agents, including a subcontractor, to whom it provides Protected Health Information received from or created by Business Associate on behalf of Covered Entity, agrees to the same restrictions and conditions that apply to Business Associate with respect to such information, and agrees to implement reasonable and appropriate safeguards to protect any of such information which is Electronic Protected Health Information. In addition, Business Associate agrees to take reasonable steps to ensure that its employees' actions or omissions do not cause Business Associate to breach the terms of this Agreement;

(iv) Business Associate shall, following the discovery of a breach of unsecured PHI, as defined in the HITECH Act or accompanying regulations, notify the covered entity of such breach pursuant to the terms of 45 CFR § 164.410 and cooperate in the covered entity's breach analysis procedures, including risk assessment, if requested. A breach shall be

treated as discovered by Business Associate as of the first day on which such breach is known to Business Associate or, by exercising reasonable diligence, would have been known to Business Associate. Business Associate will provide such notification to Covered Entity without unreasonable delay and in no event later than thirty (30) calendar days after discovery of the breach. Such notification will contain the elements required in 45 CFR § 164.410; and

(v) Business Associate will, pursuant to the HITECH Act and its implementing regulations, comply with all additional applicable requirements of the Privacy Rule, including those contained in 45 CFR §§ 164.502(e) and 164.504(e)(1)(ii), at such time as the requirements are applicable to Business Associate. Business Associate will not directly or indirectly receive remuneration in exchange for any PHI, subject to the exceptions contained in the HITECH Act, without a valid authorization from the applicable individual. Business Associate will not engage in any communication which might be deemed to be "marketing" under the HITECH Act. In addition, Business Associate will, pursuant to the HITECH Act and its implementing regulations, comply with all applicable requirements of the Security Rule, contained in 45 CFR §§ 164.308, 164.310, 164.312 and 164.316, at such time as the requirements are applicable to Business Associate.

(b) Notwithstanding the prohibitions set forth in this Agreement, Business Associate may use and disclose Protected Health Information as follows:

(i) if necessary, for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate, provided that as to any such disclosure, the following requirements are met:

(A) the disclosure is required by law; or

(B) Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached;

(ii) for data aggregation services, if to be provided to Business Associate for the health care operations of Covered Entity pursuant to any agreements between the Parties evidencing their business relationship. For purposes of this Agreement, data aggregation services means the combining of Protected Health Information by Business Associate with the protected health information received by Business Associate in its capacity as a business associate of another covered entity, to permit data analyses that relate to the health care operations of the respective covered entities.

(c) Business Associate will implement appropriate safeguards to prevent use or disclosure of Protected Health Information other than as permitted in this Agreement. Business Associate will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of any Electronic Protected Health Information that it creates, receives, maintains, or transmits on behalf of Covered Entity as required by the HIPAA Security and Privacy Rule.

(d) The Secretary of Health and Human Services shall have the right to audit Business Associate's records and practices related to use and disclosure of Protected Health Information to ensure Covered Entity's compliance with the terms of the HIPAA Security and Privacy Rule.

(e) Business Associate shall report to Covered Entity any use or disclosure of Protected Health Information which is not in compliance with the terms of this Agreement of which it becomes aware. Business Associate shall report to Covered Entity any Security Incident of which it becomes aware. For

purposes of this Agreement, "Security Incident" means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system. In addition, Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.

III. AVAILABILITY OF PHI

Business Associate agrees to comply with any requests for restrictions on certain disclosures of Protected Health Information pursuant to Section 164.522 of the HIPAA Security and Privacy Rule to which Covered Entity has agreed and of which Business Associate is notified by Covered Entity. Business Associate agrees to make available Protected Health Information to the extent and in the manner required by Section 164.524 of the HIPAA Security and Privacy Rule. If Business Associate maintains Protected Health Information electronically, it agrees to make such Protected Health Information electronically available to the applicable individual. Business Associate agrees to make Protected Health Information available for amendment and incorporate any amendments to Protected Health Information in accordance with the requirements of Section 164.526 of the HIPAA Security and Privacy Rule. In addition, Business Associate agrees to make Protected Health Information available for purposes of accounting of disclosures, as required by Section 164.528 of the HIPAA Security and Privacy Rule and Section 13405(c)(3) of the HITECH Act. Business Associate and Covered Entity shall cooperate in providing any accounting required on a timely basis.

IV. TERMINATION

Notwithstanding anything in this Agreement to the contrary, Covered Entity shall have the right to terminate this Agreement and the Arrangement Agreement immediately if Covered Entity determines that Business Associate has violated any material term of this Agreement. If Covered Entity reasonably believes that Business Associate will violate a material term of this Agreement and, where practicable, Covered Entity gives written notice to Business Associate of such belief within a reasonable time after forming such belief, and Business Associate fails to provide adequate written assurances to Covered Entity that it will not breach the cited term of this Agreement within a reasonable period of time given the specific circumstances, but in any event, before the threatened breach is to occur, then Covered Entity shall have the right to terminate this Agreement and the Arrangement Agreement immediately.

V. MISCELLANEOUS

Except as expressly stated herein or the HIPAA Security and Privacy Rule, the Parties to this Agreement do not intend to create any rights in any third parties. The obligations of Business Associate under this Section shall survive the expiration, termination, or cancellation of this Agreement, the Arrangement Agreement and/or the business relationship of the Parties, and shall continue to bind Business Associate, its agents, employees, contractors, successors, and assigns as set forth herein.

This Agreement may be amended or modified only in a writing signed by the Parties. No Party may assign its respective rights and obligations under this Agreement without the prior written consent of the other Party. None of the provisions of this Agreement are intended to create, nor will they be deemed to create any relationship between the Parties other than that of independent parties contracting with each other solely for the purposes of effecting the provisions of this Agreement and any other agreements between the Parties evidencing their business relationship. This Agreement will be governed by the laws of the State of Texas. No change, waiver or discharge of any liability or obligation hereunder on any one or more occasions shall be deemed a waiver of performance of any continuing or other obligation, or shall prohibit enforcement of any obligation, on any other occasion.

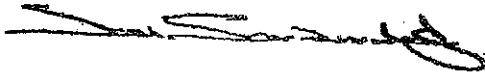
The Parties agree that, in the event that any documentation of the arrangement pursuant to which Business Associate provides services to Covered Entity contains provisions relating to the use or disclosure of Protected Health Information which are more restrictive than the provisions of this Agreement, the provisions of the more restrictive documentation will control. The provisions of this Agreement are intended to establish the minimum requirements regarding Business Associate's use and disclosure of Protected Health Information.

In the event that any provision of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, the remainder of the provisions of this Agreement will remain in full force and effect. In addition, in the event a Party believes in good faith that any provision of this Agreement fails to comply with the then-current requirements of the HIPAA Security and Privacy Rule, including any then-current requirements of the HITECH Act or its regulations, such Party shall notify the other Party in writing. For a period of up to thirty (30) days, the Parties shall address in good faith such concern and amend the terms of this Agreement, if necessary to bring it into compliance. If, after such thirty-day period, the Agreement fails to comply with the HIPAA Security and Privacy Rule, including the HITECH Act, then either Party has the right to terminate upon written notice to the other Party.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the day and year written above.

UNITED AMERICAN INSURANCE COMPANY:

BUSINESS ASSOCIATE:



By: Joel Scarborough
Title: Vice President & Associate Counsel

By: ~~X~~ _____
Title: ~~X~~ _____



Electronic Funds Transfer – Direct Deposit

United American is now recommending that all Agents take advantage of this more convenient, safe, and efficient manner of receiving commission payments. No more checks to cash, no more worrying about lost or stolen checks, and in most cases, funds are available sooner than regular checks. Enrolling is as easy as 1-2-3. Simply complete the form below, attach a voided check, and return to our office by email to ALTECH@torchmarkcorp.com, fax to 972-569-3735, or mail to the attention of Agent Licensing at the address below.

→ **Please Note: You may receive one more commission check via mail while we are initiating the EFT process.**

Sincerely,

ANDREW W. KING
PRESIDENT
UNITED AMERICAN
INSURANCE COMPANY

United American Insurance Company Authorization Agreement for Direct Deposit

Important: This form will not be effective without a VOIDED check for the account indicated in Section 2 and this form signed in Section 3 by the individual listed in Section 1.

1	Name (please print)	Agent Number	SSN/TaxID
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I hereby authorize United American Insurance Company to deposit directly into my account listed below. If the company erroneously deposits funds into my account, I authorize the company to initiate the necessary debit entries, not to exceed the total of the original amount credited.

2	Depository Name	<input type="checkbox"/> Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Savings & Loan	City, State, Zip
	Transit/ABA number	<input type="checkbox"/> Checking Account	Account Number

This authorization will remain in effect until cancelled by the company or the company has received written notification from me that it is to be terminated in such time and manner for the company to act on it.

3	Signature	Date
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POST OFFICE BOX 8080 - MCKINNEY, TEXAS 75070-8080

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

Social security number
: : : : : : : : :

or

Employer identification number
: : : : : : : : : : : : : : :

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

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

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

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

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

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

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

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

CREDIT CARD AUTHORIZATION

I hereby authorize you to charge my credit card account for my United American Insurance Company Appointment Fee in the amount of \$ _____

The account number is

The expiration date is _____
Month Year

The security code is _____
(For VISA, Discover Card or Mastercard the security code is located on the back of the card and is 3 digits, for American Express the security code is 4 digits and is found on the front of the card.)

Credit Card Type

- VISA
- Discover Card
- Mastercard
- American Express

Printed Name

~~X~~
Signature

X
Date



united american insurance company

Name
Address
City, ST ZIP

Dear Fellow Professional,

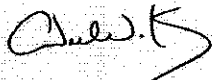
Allow me to congratulate you on taking the first step in securing a relationship with United American Insurance Company. The quicker you get to know us you'll realize we're different — by design — than other insurance companies.

So, what makes us different — by design — than other companies? Believe it or not it's not just our vision, reputation, financial stability, marketplace experience, unmatched service standards or even our great product portfolio. It's not even our business integrity, which stands head and shoulders above the crowd.

Our understanding, appreciation for and value placed on YOU as an Agency Owner/Operator or personal producing independent agent is the greatest single distinction between United American and other companies. Simply stated, "At UA, we're with you all the way." Why? Because where you're going is important to us.

In order to help make our relationship a productive and successful reality, we've included everything you'll need to contract with United American. We call it our *FastStart* Kit, an easy and personal way for you to take care of the few details we'll need to initiate our relationship.

Discover how we can get there *together!* I look forward to receiving your *FastStart* contracting response soon and embarking on an exciting and prosperous relationship for many years to come.



ANDREW W. KING
PRESIDENT
United American Insurance Company

Processing Fee Chart

Determine your processing fees by finding the state(s) you wish to be appointed in below.

Please note that some states require an additional renewal fee, during the states designated renewal time frame, to be paid if it occurs in the same renewal period as the initial appointment.

State	Fee	State	Fee	State	Fee
KS, MI	\$5.00	GA	\$17.85	NH, NJ (Res) KY, WI (Non Res Agt)	\$50.00
FL (Non Resident) fee per county plus std appointment fee	\$6.00	CT, LA, NC (Life), NC (Health), NC (Med), WA, NM	\$20.00	OK (2 year fee)	\$55.00
IA	\$8.00	SD (Non Resident)	\$20.00	FL, VT	\$60.00
MN, ND, SD, TX	\$10.00	DC, DE, MS, OH, WV	\$25.00	ME (Non Resident)	\$70.00
NE	\$11.00	AL, ME, TN, WY	\$30.00	MA	\$75.00
VA	\$12.00	KY (Res Agent)	\$40.00	KY (Resident Corp/Agcy)	\$100.00
NV, PA	\$15.00	CA	\$44.00	KY (Non Resident Corp/Agcy)	\$120.00
WI (Resident Agent Only)	\$16.00				

NO Fee in AK, AR, AZ, CO, HI, ID, IL, IN, MD, MO, MT, OR, RI, SC, UT *processing fees as of 05-18-11

Any questions please contact our *Agent Service Center* at 800-925-7355 or agencyservice@Torchmarkcorp.com