

**UNITED AMERICAN INSURANCE COMPANY COMMISSION SCHEDULE LEVEL 04**

The following commission rates shall apply:

Non-Lead Contract 1H94 LEVEL 04

POLICY TYPE	PLANS	AGES	STATES	1st Year	Years 2-5	Year 6	Years 7+	
<b>Medicare Supplement Products *</b> Ages 65 and over	A, B, C, D, F, G, MC48	65(+)	STD	16.00%	16.00%	16.00%	16.00%	
		65(+)	IN	16.00%	16.00%	16.00%	16.00%	
		65(+)	WA	10.00%	10.00%	10.00%	10.00%	
	HDF	65(+)	STD	16.00%	16.00%	16.00%	16.00%	
			WA	10.00%	10.00%	10.00%	10.00%	
			WV	16.00%	16.00%	7.00%	7.00%	
	K, L, N Attained Age	65-69	STD	24.00%	24.00%	24.00%	7.00%	
			STD	19.00%	19.00%	19.00%	7.00%	
		70-74	STD	14.00%	14.00%	14.00%	7.00%	
			STD	16.00%	16.00%	16.00%	16.00%	
		65-69	WV	24.00%	24.00%	7.00%	7.00%	
			WV	19.00%	19.00%	7.00%	7.00%	
		70-74	WV	14.00%	14.00%	7.00%	7.00%	
			WV	21.00%	21.00%	21.00%	7.00%	
		K, L, N Issue Age	65-69	STD	19.00%	19.00%	19.00%	7.00%
				ME	19.00%	19.00%	19.00%	7.00%
	70-74		STD	19.00%	19.00%	19.00%	7.00%	
		STD	17.00%	17.00%	17.00%	7.00%		
	Disability (Underwritten)	A, B, C, D, F, G, MC48	(-65)	STD	16.00%	16.00%	16.00%	16.00%
			(-65)	KS	0.00%	0.00%	0.00%	0.00%
			(-65)	WA	10.00%	10.00%	10.00%	10.00%
		HDF	(-65)	WV	16.00%	16.00%	7.00%	7.00%
				STD	16.00%	16.00%	16.00%	16.00%
				KS	0.00%	0.00%	0.00%	0.00%
		K, L, N	(-65)	WA	10.00%	10.00%	10.00%	10.00%
				WV	16.00%	16.00%	7.00%	7.00%
				STD	16.00%	16.00%	16.00%	16.00%
Disability (O/E, G/I, ESRD)**		A, B, C, D, F, G, MC48	(-65)	STD	16.00%	16.00%	7.00%	7.00%
			(-65)	FL	0.00%	0.00%	0.00%	0.00%
			(-65)	MT	4.00%	4.00%	4.00%	4.00%
		HDF	(-65)	CA, CO, IL, KS, ME, MO, MD	7.00%	7.00%	7.00%	7.00%
				STD	16.00%	16.00%	16.00%	16.00%
				FL	0.00%	0.00%	0.00%	0.00%
		K, L, N	(-65)	FL	4.00%	4.00%	4.00%	4.00%
				MT	7.00%	7.00%	7.00%	7.00%
			CA, CO, IL, KS, ME, MO, MD	STD	16.00%	16.00%	16.00%	16.00%
				STD	0.00%	0.00%	0.00%	0.00%
			(-65)	FL	4.20%	4.20%	4.20%	2.50%
				MT	7.00%	7.00%	7.00%	7.00%
			(-65)	ME	19.00%	19.00%	19.00%	7.00%
			(-65)	MO	17.00%	17.00%	17.00%	7.00%
(-65)		CA, CO, IL, KS, MD	14.00%	14.00%	14.00%	7.00%		

NOTE: All Products may not be available in your state. Standard Rates shall apply unless state specific rates are provided herein.

The above commission percentages constitute the total combined commissions which can be earned at this hierarchy level and all levels beneath it (i.e., any assigned agents who are lower in the hierarchy). Total commissions paid under this Schedule shall be reduced by the amount of any commissions paid or loaned by Company to such assigned agents for the same business.

Commissions will be 3% less when initial premium payment is made by credit/debit card. In addition, all subsequent commissions will be contingent on the method of initial premium payment.

The Company reserves the right to change the commissions at any time, however, any change shall apply from and after the effective date of such change on business produced after that date. The Company in its sole discretion will determine which products will be available for sale and may withdraw any products at any time.

The Company shall determine the commission on any policy which is determined to be an internal replacement or conversion of an existing Company policy, or policy of any Torchmark-affiliate, in accordance with applicable practices and procedures in use at such time. The foregoing may result in the reduction, or elimination altogether, of commissions otherwise payable hereunder.

All States, excluding Washington State Medicare Supplement Sales: The initial commission is calculated on the modal premium collected with the application. Remaining first year commissions are calculated on the first policy year premiums collected subsequent to issue. Second and subsequent years renewal commissions are calculated on premiums collected after the first policy year. Renewal commissions will be calculated on the premium in effect on issue date or the premium paid, whichever is lower. Premium increases implemented after policy issue will not be counted in the calculation of commissions.

Washington State Medicare Supplement Sales: The initial commission is calculated on the modal premium collected with the application. Remaining first year commissions are calculated on the first policy year premiums collected subsequent to issue. Second and subsequent years renewal commissions are calculated on premiums collected after the first policy year. Renewal commissions will be calculated based on collected premiums.

\*Notwithstanding anything to the contrary herein, renewal commissions shall be 0% in policy years 7+ for Medicare Supplement policies issued on a Guaranteed Issue basis due to replacement of a Medicare Advantage policy, excluding any such policies sold in WA.

\*\*Refers to Open Enrollment, Guaranteed Issue and End Stage Renal Disease.

Commissions will not be paid on any portion of the premium charged for Medicare Supplement policies that is attributable to coverage for the Medicare Part B Deductible.

No commissions will be paid in association with Reserve Fund Annuity sales. Commissions will not be paid on any fees charged for a non-insurance program or service.

This Commission Schedule is subject to any change required by federal or state law or regulation.

This Commission Schedule shall be effective December 1, 2015

Rev 02-22-16 aw