

UNITED AMERICAN INSURANCE COMPANY COMMISSION SCHEDULE LEVEL 05

The following commission rates shall apply:

Non-Lead Contract 1H94 LEVEL 05

POLICY TYPE	PLANS	AGES	STATES	1st Year	Years 2-5	Year 6	Years 7+		
Medicare Supplement Products * Ages 65 and over	A, B, C, D, F, G, MC48	65(+)	STD	18.00%	18.00%	18.00%	18.00%		
		65(+)	IN	18.00%	18.00%	18.00%	18.00%		
		65(+)	WA	12.00%	12.00%	12.00%	12.00%		
		65(+)	WV	18.00%	18.00%	8.00%	8.00%		
		HDF	65(+)	STD	18.00%	18.00%	18.00%	18.00%	
			65(+)	WA	12.00%	12.00%	12.00%	12.00%	
			65(+)	WV	18.00%	18.00%	8.00%	8.00%	
			K, L, N Attained Age	65-69	STD	26.00%	26.00%	26.00%	8.00%
				70-74	STD	21.00%	21.00%	21.00%	8.00%
	75+			STD	16.00%	16.00%	16.00%	8.00%	
	K, L, N Issue Age	65(+)	IN	18.00%	18.00%	18.00%	18.00%		
		65-69	WV	26.00%	26.00%	8.00%	8.00%		
		70-74	WV	21.00%	21.00%	8.00%	8.00%		
			WV	16.00%	16.00%	8.00%	8.00%		
			WV	16.00%	16.00%	8.00%	8.00%		
		65-69	STD	23.00%	23.00%	23.00%	8.00%		
		K, L, N Issue Age	65(+)	ME	21.00%	21.00%	21.00%	8.00%	
			70-74	STD	21.00%	21.00%	21.00%	8.00%	
			75+	STD	19.00%	19.00%	19.00%	8.00%	
		Disability (Underwritten)	A, B, C, D, F, G, MC48	65(+)	WA	12.00%	12.00%	12.00%	12.00%
				(-65)	STD	18.00%	18.00%	18.00%	18.00%
				(-65)	KS	0.00%	0.00%	0.00%	0.00%
	(-65)			WA	12.00%	12.00%	12.00%	12.00%	
	(-65)			WV	18.00%	18.00%	8.00%	8.00%	
	HDF			(-65)	STD	18.00%	18.00%	18.00%	18.00%
				(-65)	KS	0.00%	0.00%	0.00%	0.00%
				(-65)	WA	12.00%	12.00%	12.00%	12.00%
(-65)				WV	18.00%	18.00%	8.00%	8.00%	
K, L, N			(-65)	STD	18.00%	18.00%	18.00%	18.00%	
			(-65)	KS	0.00%	0.00%	0.00%	0.00%	
	(-65)		WA	12.00%	12.00%	12.00%	12.00%		
Disability (O/E, G/I, ESRD)**	A, B, C, D, F, G, MC48		(-65)	WV	18.00%	18.00%	8.00%	8.00%	
			(-65)	STD	0.00%	0.00%	0.00%	0.00%	
			(-65)	FL	4.50%	4.50%	4.50%	4.50%	
			(-65)	MT	8.00%	8.00%	8.00%	8.00%	
			(-65)	CA, CO, IL, KS, ME, MO, MD	18.00%	18.00%	18.00%	18.00%	
			HDF	(-65)	STD	0.00%	0.00%	0.00%	0.00%
				(-65)	FL	4.50%	4.50%	4.50%	4.50%
				(-65)	MT	8.00%	8.00%	8.00%	8.00%
				(-65)	CA, CO, IL, KS, ME, MO, MD	18.00%	18.00%	18.00%	18.00%
	K, L, N			(-65)	STD	0.00%	0.00%	0.00%	0.00%
				(-65)	FL	4.70%	4.70%	4.70%	2.50%
			(-65)	MT	8.00%	8.00%	8.00%	8.00%	
	(-65)		ME	21.00%	21.00%	21.00%	8.00%		
	(-65)		MO	19.00%	19.00%	19.00%	8.00%		
	(-65)		CA, CO, IL, KS, MD	16.00%	16.00%	16.00%	8.00%		

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

UNITED AMERICAN INSURANCE COMPANY COMMISSION SCHEDULE LEVEL 05

The following commission rates shall apply:

Non-Lead Contract 1H97 LEVEL 05

POLICY TYPE	PLANS	AGES	STATES	1st Year	Years 2-3	Year 4-10	Years 11+
Other Health Products							
Other Health Product	MMGAP	ALL	STD	35.00%	8.00%	8.00%	8.00%
		ALL	CA	11.00%	2.00%	2.00%	2.00%
		ALL	CO	25.00%	6.00%	6.00%	6.00%
		ALL	SD, WV	19.00%	4.00%	4.00%	4.00%
	CILS	ALL	STD	50.00%	11.00%	11.00%	11.00%
		ALL	CO, MD, WA	45.00%	8.00%	8.00%	8.00%
	CANLS	ALL	FL	50.00%	6.00%	6.00%	6.00%
	CANLS-2	ALL	STD	60.00%	12.00%	10.00%	10.00%
		ALL	CO, MD, WA	40.00%	8.00%	8.00%	8.00%
Other Health Product	CANB	ALL	MT, NH, WY	60.00%	16.00%	16.00%	16.00%
	CAXC, CIXC, CAGR	ALL	STD	50.00%	11.00%	11.00%	11.00%
Other Health Product	UA250	ALL	STD	50.00%	11.00%	11.00%	11.00%
Other Health Product	INDEM1	ALL	CA	30.00%	7.00%	7.00%	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.

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.

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

This Commission Schedule shall be effective September 10, 2015

Rev 09-14-15 aw

UNITED AMERICAN INSURANCE COMPANY COMMISSION SCHEDULE LEVEL 05

The following commission rates shall apply:

Non-Lead Contract 1L98 LEVEL 05

POLICY TYPE	PLANS	AGES	STATES	1st Year	Years 2-5	Year 6-10	Years 11+
Life & Annuity Products:							
Fundamental Life	10 Year Renewable Term	0-60	STD	105.00%	4.00%	4.00%	1.00%
		1-60	MD	105.00%	4.00%	4.00%	1.00%
Final Expense	10 Year & 20 Year Term	20-70	STD	60.00%	2.00%	2.00%	1.00%
		50-74	STD	110.00%	8.00%	4.00%	4.00%
		75-80	STD	100.00%	8.00%	4.00%	4.00%
		Juvenile Whole Life	0-18	STD	110.00%	6.00%	3.00%
Single Premium Deferred Annuity	Whole Life GET GEU	50-74	STD	100.00%	8.00%	4.00%	4.00%
		Life Style	0-80	STD	4.00%	N/A	N/A
Accidental Death Policy	ADP	18-68	STD	0.00%	0.00%	0.00%	0.00%

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.

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.

Annuity commissions will be based on the amount deposited with Company during a given policy year. Commissions will be paid on deposit amounts actually received by the Company, less any deposit amounts refunded. If the Company refunds any deposit amounts or does not receive deposit amounts on which commissions may have been paid or loaned to Independent Contractor, Independent Contractor shall immediately repay to Company all commissions previously paid or loaned on such deposit amounts. Commission chargebacks may occur due to policy cancellation, policy surrender, withdrawals, death of annuitant or owner, or minimum distribution requirements. The date of the aforementioned event and the age of the annuitant or owner shall be used in determining the commission chargeback.

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

This Commission Schedule shall be effective August 28, 2014

Rev 08-12-14 aw