



GENERAL AGENT CHECKLIST

In order to complete the licensing and contracting process, please follow the checklist below. All forms must be filled out in their entirety. Each question must be answered in some way: if a question does not apply to your situation, place the abbreviation N/A in the blank.

Submit the following items:

- 1. One (1) New Agent Data Sheet. After answering all questions, please sign and date where indicated. Remember - complete information is required!
- 2. One (1) General Agent Contract. Make sure to include your complete address. Sign and date last page.
- 3. One (1) Medicare Supplement Commission Schedule. Sign and date schedule.
- 4. One (1) EFT Direct Deposit Form. Paper checks not available.
- 5. W-9 Form
- 6. CSI Life Code of Ethics. Sign and date form.
- 7. Exhibits A, B & C

NOTICE: The licensing process cannot begin until ALL of the above items have been received.

PLEASE NOTE:

***No applications may be written IN ANY STATE
until a writing number has been assigned.***

We can help! If you have any questions, please call 800-321-0102
and ask for CSI Life Licensing.



AGENT DATA SHEET

Name EDWARD A WIEGER Home Phone (402) 334-6312
 Home Address 18209 CEDAR CIRCLE City OMAHA State NE Zip 68130
 Business Address* 17110 MARCY ST STE 100 City OMAHA State NE Zip 68118
 Business Phone (402) 697-9998 Fax _____
 Cell Phone _____
 Social Security Number 507-96-9826 Date of Birth 02/17/1962 Spouse's Name _____
 E-mail address (Required) ewieger@fb-inc.com

*Unless otherwise requested, we will use your business address for mailing purposes.
****A PHYSICAL ADDRESS IS REQUIRED TO SEND SUPPLIES****

LICENSE DATA Currently Licensed No Yes If yes, complete the following:

- A. Resident License State _____ NE
- B. Are you applying for appointment in your resident state? Yes No
- C. Are you applying for appointment as a non-resident in any state(s)? Yes No
- If applying as a non-resident, list state(s) _____
(Appropriate non-resident fees must be submitted with paperwork)
- D. Business will be conducted as Individual Partnership Corporation
- E. Partnership / Corporation Name _____ FINANCIAL BROKERAGE INC
 Tax ID # _____ 36-4084086

LICENSE QUESTIONS

	YES	NO
Are you indebted to any Insurance Company, Agency or Manager (including debit balance)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you ever been convicted of a felony?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you ever been convicted of a misdemeanor theft or theft related charges?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
In the past 7 years, have you been arrested, charged with or convicted of a misdemeanor other than minor traffic violations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
In the past 7 years, have you received a DUI citation, plead guilty to a misdemeanor DUI or convicted of a misdemeanor DUI?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
In the past 7 years, have you been arrested or convicted on any drug/controlled substance related misdemeanor charges?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
In the past 7 years, have you filed bankruptcy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you ever had a license to solicit insurance refused, suspended or revoked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you ever had regulatory action against you resulting in a fine for moral misconduct, untrustworthiness or failure to remit premiums?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
In the past 7 years, have you been under investigation by any regulatory agency or had any regulatory action against you?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
In the past 7 years, have you been a defendant in any suit, brought legal action against an insurance company or have you been in any legal dispute with an insurance company?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you ever been refused a bond?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

****If the answer to any of these questions is YES, you must provide an explanation in the space provided on the next page.****

LICENSE QUESTION EXPLANATION SECTION (IF NEEDED)

CURRENT AND PREVIOUS APPOINTMENTS:

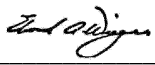

<u>COMPANY NAME:</u>	Appointment Status CIRCLE ONE	Permission to Contact CIRCLE ONE
1. <u>American General Life Ins Co</u>	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. _____	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES IN THE INSURANCE INDUSTRY:

1. Name _____ Phone _____
2. Name _____ Phone _____

I HEREBY certify that the foregoing statements are true and correct to the best of my knowledge and belief, and grant permission to the Company or any of its General Agents to verify such answers. I release any person or company contacted from liability with respect to the content of any information given. I understand that any false statement may be considered sufficient cause for rejection of this application or for termination if discovered subsequent to my becoming contracted.

I understand that more information may be required to complete my file. I understand that this may include obtaining a credit report, Vector One search and a background check and by signing this form I am authorizing the company to do so. I also understand that any information obtained by the Company will be made available to me upon my written request.

	10/14/2016
_____ Signature	_____ Date
DANNY DEE GORDON	

Recommended By

CSI Life Insurance Company
P.O. Box 10816
Clearwater, FL 33757-8816
1-855-664-5517



GENERAL AGENT'S CONTRACT

This contract with attachments, executed in duplicate originals, is entered between you (the Agent) and CSI Life Insurance Company of Omaha, Nebraska.

Agent:

Name EDWARD A WIEGER / FINANCIAL BROKERAGE INC

A. DESIGNATION & APPOINTMENT

1. Designation

The Agent named above is herein referred to as You or Your. CSI Life Insurance Company is herein referred to as the Company or It. This General Agent's Contract and all supplements, amendments, and schedules attached are referred to as "the" or "this" Contract and are entered into between You and the Company in consideration for the mutual agreements set forth herein.

2. Appointment

You are hereby appointed an agent of the Company for the purpose of soliciting personally, or through Your agents, applications for the Company's insurance policies and certificates in states in which you are licensed to sell Company products. This Contract does not grant exclusive rights in any territory or for any products. This Contract is limited to the types of products offered by the Company described in Exhibit "A" attached hereto and made a part hereof by reference.

B. RESPONSIBILITIES & LIMITATIONS

1. General

During the continuation of this agreement, You agree to:

- (a) Be responsible for the prompt delivery of policies sent to You or Your agents, in accordance with the Company's rules and instructions.
- (b) Follow, and be responsible for Your agents following, all Company rules and regulations.
- (c) Solicit only in the state(s) in which You and Your agents are licensed and appointed with the Company and where the Company is authorized to do business.
- (d) Comply with all State and Federal laws, orders, rules and regulations.
- (e) Be responsible for obtaining and maintaining the necessary licenses and appointments to sell the Company's products in the states in which You operate, whether resident or non-resident.

2. Relationship

Nothing contained herein is intended to create the relationship of employer and employee between You and the Company, and You shall at all times be an independent contractor. You shall be free to exercise Your own judgment as to the time, place and means of performing all acts hereunder, but You shall conform to the Company's rules, regulations and instructions concerning the solicitation and delivery of insurance policies or certificates.

3. Monies Held in Trust - Bond

All monies You or Your agents receive or collect for or on behalf of the Company shall be held in a fiduciary capacity for Its benefit and shall be immediately forwarded to the Company. You are not authorized to endorse or cash checks, drafts or money orders payable to the Company. The Company reserves the right to require a surety bond satisfactory to the Company.

4. Conflict of Interest

Without prior written consent of the Company, You agree not to engage in any way, either directly or indirectly, in any activity or business that could have potential or actual gain to You related to the Medicare Supplement insurance markets other than the sale of insurance.

C. COMPENSATION & ACCOUNTING

1. Compensation

(a) You shall be paid compensation according to the terms of this Contract and the Commission Schedule described in Exhibit "A" attached hereto and made a part hereof by reference. The Commission Schedule is subject to change by the Company upon notice in writing to You, but said change shall not affect any policies, certificates or contracts issued upon applications You solicited prior to the effective date of the change. This provision shall not operate to prejudice the Company's right to comply with any state or federal statute or regulation pertaining to commissions. All commissions or other remuneration earned by Your agents may be paid directly by the Company to them. Commissions due You shall be reduced by the amount payable to Your agents.

(b) After termination, and subject to the terms and conditions of the Contract, any commissions earned by You or Your agents shall be and remain fully vested and payable unless such commissions amount to less than \$50.00 per month for three consecutive months or \$600.00 in any one calendar year.

(c) Commissions shall not be owed or paid:

- (i) on policies or certificates continued in force under any waiver of premium provision of any policy or certificate; or
- (ii) on collected premiums that are subsequently refunded by the Company, and commissions paid prior to the refund shall be refunded to the Company.

2. Accounting

The Company shall mail to Your last known address as reflected on its records or deliver to You by other reliable methods, a monthly statement showing compensation and deductions made within the accounting period. Each statement is deemed to be correct and accurate unless You object in writing thereto within thirty (30) days after it has been mailed or delivered. If commissions due You total less than \$50.00 in any pay period, then the commission payable will be deferred until accrued commissions exceed \$50.00. All accounting records maintained by You relating to business conducted with the Company are subject to inspection at any reasonable time by our authorized representatives.

3. Premium Collection & Transmittal

All initial premiums collected with each application must be immediately remitted to the Company with accurate and appropriate accounting. Applications accepted and approved accompanied by premium shortages will be charged to Your account.

D. ADVERTISING GUIDELINES

All representations or references to CSI Life Insurance Company ("CSI Life"), its products or agents, in any advertising or marketing material shall be submitted to the Company prior to its use or distribution and shall not be utilized until You receive written approval from the Company.

Advertising includes any material which is designed to create public interest in CSI Life Insurance Company ("CSI Life"), its products or agents. This includes but is not limited to, consumer material designed to induce the public to purchase, increase, modify, retain, renew or reinstate a policy as well as agent recruiting and training materials.

Examples of advertising include but are not limited to printed and published material, audio visual material, direct mail material, Internet sites, newspaper and magazine ads, radio and TV scripts, billboards and similar displays, flyers and ad slicks, leaflets and booklets, brochures, newsletters, form letters, prospect letters, telephone scripts, lead generating devices of all kinds, depictions and illustrations, prepared sales talks, presentations and agent training materials.

The Agent is responsible for submitting all advertising and marketing materials to the Company for approval. Furthermore, the Agent shall maintain a file copy of all such advertising and marketing material utilized and provide a copy to the Company upon request.

1. Agent Only Advertising

All agent only advertising, training, or recruiting material must display the disclaimer, "**FOR AGENT USE ONLY**" on each page in bold type. This includes, but is not limited to recruiting ads in industry trade publications as well as any ad, mailer or letter that is sent to an agent to describe or promote the Company or its products. Training materials such as scripts and videos must also display this disclaimer.

All materials that make reference to the Company's products must include the full Company name and product form number. This is true if the material makes indirect reference or no reference at all when the ultimate goal of the piece is the sale of a Company product.

2. Contractual Language

Guarantees or promises beyond the guarantee in the policy are not permitted. Any use of investment type language is not permitted. Any nationwide advertising material must display language "**BENEFITS MAY VARY BY STATE**" in bold type.

3. Publication and Disclosure of Company Information

During the term of this Contract, and for three years after termination, You agree not to post, publish or disseminate any Company information including, but not limited to, Company contracts, commission schedules, policies or procedures on the Internet via web sites, chat rooms, message boards or any other form of social media without prior written approval from the Company.

E. PRIVACY ACT NOTICE

You herein acknowledge You have received a copy of the Privacy Notice of the Company attached hereto and made a part of this Agreement as "Exhibit B". You acknowledge and agree You are acting as a third party service provider to the Company as contemplated under §503 of the Gramm-Leach-Bliley Privacy Act and are therefore bound by the stated policy of the Company regarding the release of non-public information derived by or for the Company in the normal course and conduct of business. You shall receive an annual notice of the Privacy Policy of the Company and at any other such time as the Privacy Policy of the Company may change.

F. HIPAA PRIVACY & SECURITY RULES

You herein acknowledge you have received a copy of the "Health Insurance Portability and Accountability Act (HIPAA) – Privacy and Security Rules" attached hereto and made part of this Contract as Exhibit "C". During the continuation of this Contract, you agree to comply with the rules and requirements specified in Exhibit "C".

G. TERMINATION

1. Termination without Cause

At any time either You or the Company may terminate this Contract without cause by giving fifteen (15) days notice in writing sent to the last known address of the other. If You are an individual, this Contract shall immediately terminate without cause upon Your death. If You are a partnership, the death of either partner shall not terminate this Contract but it shall survive and continue in force and effect in favor of the surviving partner. If You are a Corporation, this Contract shall immediately terminate upon Your dissolution, sale, bankruptcy, or insolvency.

2. Termination For Cause

Without notice, this Contract shall immediately terminate for cause and all commissions and claims whatsoever accruing hereunder shall be forfeited and void if You:

- (a) Breach any provision of this Contract.
- (b) Violate any law or regulation regarding the sale of insurance or annuities or fail to comply with any court order.
- (c) Knowingly or intentionally induce or attempt to induce policyholders or certificate holders of the Company to reduce or discontinue any premium payments to It.
- (d) Either directly or indirectly, personally or through any other person or entity, communicate with any Company policyholder for the purpose or intent of rewriting, replacing or otherwise causing any policyholder to lapse, relinquish, or surrender a policy written through the Company.
- (e) Withhold or convert Company property.
- (f) Commit any other willful or dishonest act with the intent to injure the Company in Its public relations.
- (g) Induce or attempt to induce any agent, employee or representative of the Company to terminate his or her relationship with the Company.
- (h) Are convicted of a felony.
- (i) Become insolvent or bankrupt, or make an assignment for the benefit of creditors or be in default of any obligation.

3. Forfeiture

If this Contract is terminated without cause and the Company discovers during Your association with the Company or afterwards that You have committed any of the acts described in paragraph "F2", then You shall forfeit to the Company all right, title and interest in any compensation under this Contract. Forfeiture under this paragraph shall not constitute an election by the Company to forego any and all other claims or remedies it may have against you.

4. Limits of Authority

You are not authorized to waive, alter or change any provision or condition of the Company's insurance policies or certificates, agents' contracts, literature or receipts; modify or extend the amount or time of any premium payment due to the Company; or receive any money due or to become due the Company except initial premiums and/or additional first year premium collected when a policy or certificate is delivered. You shall not enter into any contract, incur any expense or obligation of any kind or character whatsoever or bind the Company to any coverage or risk. No coverage will be effective with respect to any application until approved by the Company. The Company reserves the right based upon its sole discretion and without liability to You, to approve or disapprove any application, limit the amount of coverage issued or charge a higher premium based upon our evaluation of the risk.

5. Applications & Policies

The Company may, at Its discretion and without liability to You, reject applications or refund premiums for insurance policies or certificates submitted by You or Your agents without specifying the cause; withdraw, substitute, or change any insurance policy, certificate, or premium rate used by the Company. All policies or certificates issued by the Company must be delivered by you to the policyholder or certificate holder within ten (10) days of Your receipt. You shall obtain a signed delivery receipt for the policy and return it to the Company. The failure to return policy delivery receipts shall result in the chargeback of advances and or commissions on applicable policies. If the health condition of the applicant has changed since the application date, then no issuance or delivery will occur and you shall return the policy or certificate to the Company.

6. Indebtedness

You shall be responsible for the payment to the Company of all monies which,

- (1) You or Your agents collect on the Company's behalf;
- (2) are due the Company because of compensation paid to You or Your agents upon premiums which the Company returned;
- (3) are advanced or paid by the Company for Your or Your agents' licensing/appointment renewal fees;
- (4) are paid to You or Your agents which are not due You or Your agents under this Contract. Until the Company receives all such monies from You, the same shall be a debt payable on demand and for which You are liable and at the Company's option, no commissions are payable to You or Your agents until such indebtedness is satisfied.

7. Lien

As additional security for the payment of any indebtedness under this Contract or any other contract with the Company, the Company shall have a first and prior lien against the compensation due You under this Contract. The Company's lien is superior to all other liens under this Contract. The Company may, at any time, offset any such indebtedness against compensation due You under the Contract or any contract You have with the Company. If the Company does elect to offset, the offset shall not constitute an election by the Company to forego any other available remedies to collect the indebtedness.

8. Reimbursement & Indemnification

You shall reimburse the Company, and/or indemnify the Company, for any loss including attorney's fees resulting from actions by You or Your agents and for all costs, expenses and attorney's fees that the Company may incur in recovering from You any property or indebtedness belonging to or due the Company. You agree to indemnify and hold the Company harmless for any claim, loss, expense, cost or liability which It may incur resulting from Your breach of the terms of this Contract or violation of any law or regulation or failure to comply with any court order. You shall not institute any legal proceedings in the Company's name. Should any claims or lawsuits be made by any third party against You or the Company as a result of alleged wrongdoings by You then You shall hold the Company harmless from and indemnify It for any claim, loss, expense, cost or liability which It may incur defending the action and for any settlement of or judgment resulting from such action. The Company may, at Its sole discretion, defend or settle any such claim.

9. Company Property

Sales brochures, applications, rate cards and booklets, policyholder or certificate holder cards and all other supplies furnished by the Company will remain Company property. They are to be accounted for and returned by You on demand. You agree to be responsible for any damage or misuse thereof.

H. MANDATORY MEDIATION AND ARBITRATION

1. Mandatory Mediation

Except as otherwise provided in this Agreement, all claims, disputes, and controversies arising out of or in any manner relating to this Agreement, or any other agreement executed in connection with this Agreement, or to the performance, interpretation, application or enforcement hereof, including but not limited to breach hereof (in each case, "Dispute"), shall be referred to mediation before, and as a condition precedent to, the initiation of any adjudicative action or proceeding, including arbitration, and any suit action or arbitration shall be barred unless mediation has been attempted in good faith. If there is a Dispute, the party claiming the existence of a dispute must make written demand for mediation prior to instituting a lawsuit, action or arbitration proceeding.

The mediation shall be conducted in Douglas County, Nebraska. Each party shall bear its own expenses incurred as a result of submitting the matter to mediation with the expense of the mediator borne equally by the parties. The mediator shall be chosen by joint agreement of Company and You. In the event an agreement cannot be reached with respect to a mediator, either party may request that Judicial Arbitration and Mediation Services, Inc. or Its successor ("JAMS") appoint a mediator. Selection of the mediator by JAMS shall be binding

2. Mandatory Binding Arbitration

Should mediation be unsuccessful, it is agreed that the Dispute shall be submitted to binding, non-appealable arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association in force at the time the demand is filed, unless the parties mutually agree otherwise.

Either Party may within sixty (60) days from the date of such unsuccessful mediation or one (1) year from the date of the alleged breach or occurrence resulting in the Dispute, whichever is later, make a demand for arbitration by filing a demand in writing with the other party and serving the same depositing it in the U.S. Mail, certified mail, return receipt requested. Company and You shall each choose, within sixty (60) days after demand for arbitration is made, a former officer or executive of an insurance company as its arbitrator and the two appointed arbitrators shall choose a third arbitrator possessing the same qualifications. If either party fails to appoint an arbitrator within sixty (60) days after the written demand for arbitration is made, the party who has appointed an arbitrator may petition the District Court of Douglas County, Nebraska for an order compelling the non-complying party to appoint its arbitrator. All reasonable costs incurred, as a result of obtaining the court order compelling appointment of an arbitrator shall be paid by the non-complying party.

All arbitration hearings conducted hereunder, and all judicial proceedings to enforce any of the provisions hereof, shall take place in Douglas County, Nebraska. The hearing before the arbitrators of the matter to be arbitrated shall be at the time and place within said County as is selected by the arbitrators.

The decision of any two arbitrators with respect to a Dispute shall be binding and conclusive and non-appealable and shall be submitted to the court for confirmation with the same effect as a judgment.

Each of the parties hereby irrevocably waives punitive, exemplary, consequential and other non-compensatory damages in connection with any arbitration award with respect to any Dispute.

The costs and expenses of arbitration, including the fees of the arbitrators, shall be borne by the losing party or in such proportions as the arbitrators shall determine. The successful party shall recover as expenses all reasonable attorneys' fees incurred by said party in connection with the arbitration proceedings.

I. MISCELLANEOUS PROVISIONS

1. Injunction

You agree that if during this Contract, or within three years after termination, You do any of the acts described in paragraph F.2. sub-paragraphs (c), (d), or (f) of this Contract, that damages, if any, and remedies at Law for doing such acts would be inadequate. Therefore, in the event You do any such acts, the Company shall be entitled to an injunction without the necessity of furnishing bond, restraining You from any such act. You agree that any such act would result in continuing irreparable harm and damage to the Company, but nothing contained here shall be

construed as prohibiting the Company from pursuing any other remedies available to It, including the recovery of damages from You.

2. Assignment & Modification

No assignment of this Contract or any compensation due hereunder shall be valid unless in writing and approved, in advance, by the Company. No modification of this Contract shall be binding on the Company unless in writing and signed and approved by an authorized Officer of the Company.

3. Bankruptcy

If You should file for or be placed in bankruptcy in any manner, to the extent of any amount due the Company under this or any other contract with the Company, no compensation shall be payable under this Contract and such compensation shall immediately become the Company's property.

4. Place of Payment & Enforceability

This Contract is made subject to the laws of the State of Nebraska, and all compensation payable hereunder shall be payable at the Company's Home Office. In consideration of the execution of this Contract and other valuable considerations, You agree that any litigation resulting from the violation of the terms and conditions of this Contract by You or the Company shall be brought in Douglas County, Nebraska.

5. Supersedure & Waiver

This Contract supersedes and replaces any contract or agreement previously entered into between You and the Company on behalf of the Company with respect to any future transactions. However, any rights You and the Company have under any previous contract are otherwise unaffected except as expressly provided in this Contract. The Company's failure to enforce any provision of this Contract shall not constitute a waiver of any other provision of this Contract.

6. Savings Clause

If any provision of this Contract shall be contrary to the laws of the particular state, county or jurisdiction where used, such contrary provision shall not entirely invalidate this Contract, and this Contract shall be construed as not containing the particular provision held to be invalid in such state, county or jurisdiction and the rights and obligations of You and the Company shall be construed and enforced in such a manner as nearly as possible to effect the intent and purposes of the Contract.

7. Notice

All notice to the Company shall be delivered to CSI Life Insurance Company, 1212 N. 96th Street, Omaha, Nebraska 68114. Notice to You shall be delivered to your last known mailing address as provided below. You shall be responsible for maintaining a current physical and mailing address on file with the Company annually.

Your Address:

8. Entire Contract

This Contract and the Agent's application which is incorporated herein by reference contain the entire agreement between You and the Company and which has been approved by the Company. The Contract shall become effective only when first executed by You and thereafter accepted by the Company at Omaha, Nebraska.

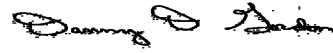
9. Effective Date

This Contract becomes effective on the date it is accepted by the Company.

10. Notification & Authorization

Company will request a background investigation on You. The standard background investigation will include a criminal background check and a financial background check. You hereby authorize the release of all copies of any information obtained as a result of Your background investigation to the Company.

SIGNATURES:



AGENT

SPONSORING AGENT

EDWARD A WIEGER

DANNY DEE GORDON

PRINT NAME

PRINT NAME

DATE: 10/14/2016

DATE: 10/14/2016

CSI LIFE INSURANCE COMPANY:

AIMC:

DATE: _____

DATE: _____



“Making people’s financial lives more simple and secure”

Code of Ethics

CSI Life Insurance Company (CSI Life) believes that serving the needs of our customers with integrity is of utmost importance. All Home Office employees and field representatives are expected to conduct themselves at all times with the highest degree of ethical business practices and in accordance with all state insurance laws and CSI Life standards.

As a CSI Life agent I agree to:

- Adhere to all provisions contained in the Agent’s contract.
- Fully comply at all times with all laws and regulations regarding the solicitation and sale of any CSI Life products.
- Make a conscientious effort to ascertain and understand the needs and financial circumstances of my clients, and make every effort to render the same quality of service to my clients which in the same circumstances, I would expect myself.
- Make a conscious effort to ensure that any comparisons made of policies by me are fair and accurate.
- Make a conscious effort to ensure excessive insurance is not sold or issued.
- Make a conscious effort to ensure the appropriateness of all recommended purchases or replacements.
- Not place CSI Life under any legal obligation that is not within scope of my authority.
- Not; accept risks of any kind; make, modify or discharge contracts; extend the time for paying the premium; waive forfeitures or any of CSI Life’s rights or requirements; bind CSI Life by any statement, promise or representation; or collect any monies other than as provided in the Agent’s contract.
- To use only appropriate sales material approved by CSI Life and include all appropriate disclaimers.
- Make sure all signatures on applications or other documents submitted by me are authentic.
- Deliver all policies and contracts to the respective owner in an expedient manner.
- Not enter into any contracts for the solicitation of insurance or to share commissions with anyone not licensed and under contract with CSI Life.
- Not represent CSI Life in any manner whatsoever before any state insurance department or official thereof, or any governmental agency without the knowledge and approval of CSI Life.

Agent Signature

10/14/2016

Date

CSI Life

COMMISSION ADVANCE/LOAN AGREEMENT

For value received, CSI Life Insurance Company ("CSI") and the undersigned Borrower and/or Guarantor enter into this Commission Advance Agreement ("Agreement") as follows:

1. General. This Agreement is an addendum to and subject to all the terms and conditions of the most recent producer contract between CSI and Borrower.

2. Eligible Production. This Agreement applies only to business payable by monthly Electronic Funds Transfer or payroll deduction plans. CSI may in its sole and exclusive discretion exclude commission advance for any policy or policies that the Borrower submits to CSI. In no event will this Agreement apply to any commissions resulting from guaranteed issue Medicare Supplement Policies other than open enrollments.

3. Commission Advance/Loan Selection.

Medicare Supplement: _____ Six Month _____ Nine Month _____ Twelve Month*

*For issue ages 81 and above, a maximum of 9 months advance / loan on commissions will apply.

4. Interest Rate. CSI shall charge Borrower an interest rate of zero percent (0.0%) each month on the unpaid balance of the Borrower's commission advance account commencing on the first day of the calendar month that Borrower's outstanding balance begins. CSI reserves the right to change the interest rate on new advances at any time.

5. Repayment. All unpaid balances for commission advances/loans, including accrued interest, shall be paid to CSI from all of Borrower's future earned commissions, as they become due, so long as there remains an outstanding indebtedness owed to CSI. If a policy is not issued, not taken or lapses for any reason whatsoever, the unpaid commission advance/loan balance, including accrued interest, for that policy shall become immediately due and payable to CSI. CSI, in its sole and exclusive discretion, may offset this outstanding indebtedness from any and all monies that CSI may owe to Borrower, including any future advances, and reserves the right to demand payment in full of Borrower's entire unpaid balance for commission advances/loans, including accrued interest, at any time and for any reason whatsoever. Notwithstanding the above, not taken fees, commission advance reversals and interest shall be deducted from any earned commissions before they are applied to payment of the unpaid balances.

6. Security Interest. Borrower grants to CSI a security interest in and a lien upon all of Borrower's commissions and other monies payable by CSI to Borrower, whether from the sale of Medicare Supplement insurance produced by the Borrower or from any source whatsoever.


7. Termination of Agreement. A. Notwithstanding any other provision hereof, CSI shall have the sole and exclusive right to terminate this Agreement at any time without prior notice to Borrower and/or Guarantor and, in such event, any outstanding balance for commission advances/loans, including accrued interest, shall be immediately due and payable. Borrower shall not be entitled to any further advances if Borrower's first year premium retention is lower than 70% or declines to a level lower than 70% during any 12 month period after the first year.

B. This Agreement will automatically terminate if the Borrower's producer contract with CSI is terminated for any reason whatsoever, except that Borrower's and Guarantor's obligations and CSI's security interest and lien upon Borrower's and/or Guarantor's payable commissions and/or monies shall survive termination of this Agreement so as long as there remains any outstanding indebtedness owed to CSI.

This Agreement is entered into and effective this 14 day of October, 2016.

"Borrower"

"CSI"

By: 
Signature

By: _____
Authorized Signature

EDWARD A WIEGER / FINANCIAL BROKERAGE IN
PRINTED NAME

AGREEMENT ASSIGNED TO _____ AND
ACCEPTED BY _____

By: _____ Date: _____
CSI Authorized Signature

By: _____ Date: _____
_____ Authorized Signature

GUARANTY

For value received, the receipt and sufficiency of which I acknowledge, I guarantee payment to CSI of any outstanding indebtedness owed under the above Commission Advance/Loan Agreement, executed by the Borrower. I understand and agree that any and all commissions, first year and renewal, under any contract that I have executed or will execute with CSI are hereby assigned as security and for the payment of any outstanding indebtedness under the above Agreement and that I am personally responsible upon demand by CSI for the repayment of the entire outstanding indebtedness owed under the above Agreement.

Dated: 10/14/2016


Guarantor/General Agent Signature

CSI Life Writing No. CL0006054

DANNY DEE GORDON
Guarantor/General Agent PRINTED NAME



CSI LIFE INSURANCE COMPANY
A Berkshire Hathaway Company

Electronic Funds Transfer Direct Deposit Authorization Agreement

Agent Information

FINANCIAL BROKERAGE INC

Agent Name or Agency Name		Agent Number
Social Security Number	Tax ID Number	Phone Number
	36-4084086	(402) 697-9998
Address		
17110 MARCY ST STE 100		
City		
OMAHA, Nebraska, 68118		
City	State	Zip Code

Financial Institution (Bank) Information

Checking Savings*

**For a savings account, please ask your financial institution to verify that the ACH will be accepted and that the information below is correct. This verification is necessary, as not all financial institutions will acknowledge an ACH debit to a savings account.*

PINNACLE BANK

Bank Name		
20544 HUSKER DR		
Address		
GRETNA, NE 68028		
City	State	Zip Code
Institution Account Number	ABA Number	
6801265910	104913912	

I/We authorize CSI Life Insurance Company, hereinafter called CSI Life, to initiate, if necessary, credit entries and adjustments for any errors to my (our) account indicated above and the depository named above, hereinafter called depository, to debit and/or credit the same to such account. This authorization is to remain in full force and effect until CSI Life has received written notice from me of its termination in such time and such manner as to afford CSI Life and Depository a reasonable opportunity to act on it. This does NOT authorize CSI Life to debit this account in order to collect on a debit balance. You must be a listed signer on the above account to sign this form.

Please attach a VOIDED check, then sign and date this authorization below.

	EDWARD A WIEGER
Authorized Signature	Printed Name
CEO	10/14/2016
Title	Date

FINANCIAL BROKERAGE, INC.

76389

FINANCIAL BROKERAGE, INC.
OPERATING ACCOUNT
P.O. BOX 542100
OMAHA, NE 68154-8100

PINNACLE BANK
Gretna / Omaha / Papillion, Nebraska
78-1391 / 1048

76389

VOID

VOID

DATE

AMOUNT

PAY
TO THE
ORDER
OF

VOID AFTER 90 DAYS
TWO SIGNATURES REQUIRED FOR AN AMOUNT OVER \$1,000

VOID

⑈076389⑈ ⑆104913912⑆6801265910⑈

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <p style="text-align: center;">FINANCIAL BROKERAGE INC</p>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) <p style="text-align: center;">17110 MARCY ST STE 100</p>	
	6 City, state, and ZIP code <p style="text-align: center;">OMAHA, Nebraska, 68118</p>	
	7 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 generally 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									
3	6	-	4	0	8	4	0	8	6

Note. If the account is in more than one name, see the instructions for line 1 and 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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

Sign Here	Signature of U.S. person ▶	Date ▶ 10/14/2016
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Everest Indemnity Insurance Company
c/o Mt. McKinley Managers, L.L.C.
461 5th Avenue – 20th Floor
New York, NY 10017



October 3, 2016

Suzie Wittmann
Arthur J. Gallagher & Co.
18201 Von Karman Ave., Suite 200
Irvine, CA 92612

Re: Account Name: Financial Brokerage, Inc.
Policy #: FL5NE00127-161
Renewal of Policy #: FL5NE00127-151

FINANCIAL INSTITUTIONS BINDING CONFIRMATION

Dear Suzie,

Everest Indemnity Insurance Company, c/o Mt. McKinley Managers, L.L.C. ("Everest") is pleased to offer this binding confirmation. As always, coverage is determined by and subject to the terms, limits and conditions of the actual insurance policy. This binding confirmation is based upon the information provided to Everest to date.

ACCOUNT NAME:	Financial Brokerage, Inc.
ADDRESS:	17110 Marcy Street, Suite 100 Omaha, NE 68118
INSURANCE COMPANY:	Everest Indemnity Insurance Company (This is a non-admitted insurance company.)
A.M. BEST RATING:	A+ Class XV (Superior)
POLICY PERIOD:	October 1, 2016 – October 1, 2017
POLICY #:	FL5NE00127-161
COVERAGE:	Insurance Agents and Brokers Professional Liability
POLICY FORM:	Insurance Agents and Brokers Professional Liability Policy
FORM NUMBER:	EFI 06 100 03 14
PER CLAIM LIMIT:	\$3,000,000
AGGREGATE LIMIT:	\$5,000,000
DEDUCTIBLE:	\$25,000 for each Wrongful Act
PREMIUM:	\$19,000
COMMISSION:	15.00%

ENDORSEMENTS:

Endorsement Title		Form Number
1.	Amend Exclusion (e) (Carve Back for Ration of B+ or Better)	EFI 06 101 03 14
2.	Defense Costs Outside the Limits of Liability	EFI 06 103 03 14
3.	Notice of Claim (Reporting by E-Mail)	EFI 06 104 03 14
4.	Economic Sanctions Endorsement	EFI 06 105 03 14
5.	Exclusion (a) Amended Endorsement	EFI 06 106 03 14
6.	Extended Reporting Period Amended Endorsement	EFI 06 107 03 14
7.	Fee Arrangement Exclusion	EFI 06 108 03 14
8.	Finite Risk Reinsurance Exclusion	EFI 06 109 03 14
9.	Licensed General Agent Endorsement	EFI 06 110 03 14
10.	Additional Insured (Include Heirs and Executors)	EFI 06 111 03 14
11.	Additional Insured Endorsement (Include Independent Contractors)	EFI 06 112 03 14
12.	Life, Accident & Health Endorsement <i>Amended to include Investment Advisory Services</i>	Manuscript
13.	Loss Provision Amended Endorsement	EFI 06 115 03 14
14.	Mold, Mildew & Fungus Exclusion	EFI 06 116 03 14
15.	Full Prior Acts Endorsement	EFI 06 118 03 14
16.	Promissory Notes, Viatical Settlements, Agents Exclusion	EFI 06 119 03 14
17.	Amend Exclusion (I) Endorsement	EFI 06 120 03 14
18.	Worldwide Coverage Endorsement	EFI 06 121 03 14
19.	Additional Insured (Vicarious Liability Only) <i>IGroup</i> <i>The Marketing Alliance</i> <i>Partners Advantage</i>	EFI 06 122 03 14
20.	Definition Of Insured Amended (Personal Production)	EFI 06 129 03 14

SUBJECT TO INFORMATION:

This Quote is subject to receipt and approval of the following additional underwriting information:

1. NONE.

ADDITIONAL CONDITIONS:

N/A

IMPORTANT: READ CAREFULLY

The terms of the binder are subject to the Standard Terms and Conditions set forth below. Please note that this binding confirmation may not meet all of your specifications and/or specific requests for coverage, so please review it carefully.

STANDARD TERMS AND CONDITIONS

1. Your office is responsible for handling surplus lines tax filings.
2. Confirmation that the terms and conditions of the original quote have not been changed or altered.
3. Premium is due 30 days from the effective date.
4. Policyholder agrees to accept an electronic policy and other related documents issued by Everest; policyholder may request a written policy.

We appreciate your business. Should you have any questions, please feel free to contact me at any time.

Regards,

James Patunas
Everest Indemnity Insurance Company
c/o Mt. McKinley Managers L.L.C.
461 5th Avenue
New York, NY 10017

NIPR PRODUCER PDB data on licensing for NPN: 8845318

Resident State: NE Resident License #: 8845318

Name: EDWARD A WIEGER

State	Name	Status	Started	Expires	License#	LOA
NE	Producer	Active	03/09/07	02/28/18	8845318	- LIFE AND ANNUITIES - SICKNESS, ACCIDENT & HEALTH
AK	Producer	Active	03/15/16	02/17/18	100129608	- Health - Life
AL	Producer	Active	03/18/16	02/28/18	754099	- Accident & Health or Sickness - Life
AR	Producer	Active	03/16/16	02/17/18	8845318	- ACCIDENT, HEALTH & SICKNESS - Life
AZ	Insurance Professional	Active	03/15/16	02/29/20	1141627	- Producer, Life - Producer, Accident/Hlth/Sickness
CA	NON RESIDENT INSURANCE PRODUCER	Active	07/15/16	07/31/18	0J25572	- ACCIDENT AND HEALTH AGENT - LIFE ONLY AGENT
CO	Producer	Active	03/16/16	02/28/18	503313	- Accident and Health - Life
CT	Producer	Active	03/15/16	02/17/18	002518965	- Accident & Health - Credit - Life - Travel
DC	Producer	Active	03/15/16	02/28/18	3089985	- Accident & Health or Sickness - Life
DE	Producer	Active	03/15/16	02/28/17	1403157	- Health - Life
FL	Agent	Active	03/19/16		W313321	- Health - Life with Variable Annuities

State	Name	Status	Started	Expires	License#	LOA
GA	Agent-Nonresident	Active	03/18/16	02/28/18	3069341	- AGENT - ACCIDENT AND SICKNESS - AGENT - LIFE
HI	Producer	Active	03/15/16	02/16/18	437869	- Accident & Health or Sickness - Life
IA	Producer	Active	03/15/16	02/28/19	8845318	- Accident & Health - Life
ID	NON RESIDENT PRODUCER	Active	03/17/16	02/28/18	565728	- DISABILITY (HEALTH) - Life
IL	Producer	Active	03/15/16	02/28/18	8845318	- Health - Life
IN	Producer - Individual	Active	03/18/16	02/28/19	3145725	- Life, Accident & Health
KS	Agent	Active	03/16/16	02/17/20	8845318	- Health - Life
KY	Agent	Active	03/15/16	02/28/18	DOI-909903	- Health - Life
LA	Producer	Active	03/15/16		687814	- Accident & Health - Life
MA	INDIVIDUAL PRODUCER	Active	03/16/16	02/17/19	1999746	- Accident & Health or Sickness - Life
MD	Producer	Active	03/15/16	02/28/19	2192861	- Health - Life
ME	Producer (NonResident)	Active	03/16/16		PRN265676	- Life and Health
MI	NON RESIDENT PRODUCER	Active	03/17/16		8845318	- Accident and Health - Life
MN	Producer	Active	03/16/16	02/28/18	40469039	- Accident & Health - Life
MO	Producer	Active	03/15/16	03/15/18	8372495	- Accident & Health - Life
MS	Insurance Producer	Active	03/15/16	02/28/18	10425455	- Accident and Health - Life
MT	Producer	Active	03/15/16	02/29/20	100150177	- DISABILITY (HEALTH) - Life

State	Name	Status	Started	Expires	License#	LOA
NC	Producer	Active	03/16/16		8845318	- Accident & Health or Sickness - Life - Med Supp/Long Term Care
ND	Producer	Active	03/15/16	02/28/19	8845318	- Accident & Health - Life & Annuity
NH	Producer	Active	03/15/16	02/28/18	2338570	- A&H - Life
NJ	Producer - Individual	Active	03/15/16	02/28/18	1606384	- ACCIDENT HEALTH OR SICKNESS - Life
NM	Agent	Active	03/18/16		415862	- Life, Accident & Health
NV	NON RES PRODUCER/PRODUCER FIRM	Active	03/15/16	04/01/19	3145188	- Health - Life - LIMITED FIXED ANNUITY
NY	Life/Accident & Health	Active	03/16/16	02/17/18	LA-1416501	- Accident & Health - Life
OH	MAJOR LINES	Active	03/15/16	02/28/18	1099360	- Accident & Health - Life
OK	Producer	Active	03/15/16	02/28/18	100253009	- Accident & Health - Life
OR	Producer	Active	03/15/16	02/28/19	8845318	- Health - Life
PA	NON RES PRODUCER INDIV	Active	03/15/16	02/28/19	769798	- Accident & Health - Life & Fixed Annuities
RI	Insurance Producer	Active	03/15/16	02/28/18	2329351	- Accident & Health or Sickness - Life
SC	Producer	Active	03/16/16		808243	- Accident & Health - Life
SD	Non-resident Producer	Active	03/15/16	02/28/17	40414633	- Accident & Health or Sickness - Life
TN	Producer	Active	03/15/16	02/28/19	2329729	- Accident & Health - Life
TX	LIFE AGENT/AGENCY	Active	03/29/16	02/17/18	2079203	- Life

State	Name	Status	Started	Expires	License#	LOA
TX	General Lines Agency/Agent	Active	10/05/16	02/17/18	2131290	- Life, Accident, Health and HMO
UT	NON RESIDENT PRODUCER	Active	03/16/16	02/28/19	565580	- Accident & Health - Life
VA	Producer	Active	03/15/16		985814	- Health - Life and Annuities
VT	NON RES PRODUCER INDIV	Active	03/16/16	03/31/17	3145435	- Accident & Health - Life
WA	Producer	Active	03/16/16	02/17/18	914811	- Disability - Life
WI	INTERMEDIARY (AGENT) INDIVIDUAL	Active	03/15/16	02/28/19	8845318	- Accident & Health - Life
WV	Producer	Active	03/15/16	02/28/19	8845318	- Accident and Sickness - Life
WY	NON RESIDENT PRODUCER	Active	03/15/16	02/28/18	308651	- Accident & Health - Life

NIPR FIRM PDB data on licensing for NPN: 663699

Resident State: NE Resident License #: 100172314

EIN: 364-08-4086

Name: **FINANCIAL BROKERAGE INC**

State	Name	Status	Started	Expires	License#	LOA
NE	Agency	Active	06/12/96	04/30/17	100172314	- NO LINES
AK	Producer	Active	08/13/99	08/13/17	19593	- LIFE - HEALTH
AL	BUSINESS ENTITY PRODUCER	Active	01/06/03	12/31/16	196815	- ACCIDENT & HEALTH OR SICKNESS - LIFE
AR	Producer	Active	03/13/97	09/30/17	100106105	- ACCIDENT, HEALTH & SICKNESS - LIFE
AZ	Insurance Professional	Active	12/02/93	12/31/17	19390	- BUSINESS AUTHORITY = INDIVIDUAL AUTHORITY - EXCLUDES SURPLUS LINES
CA	NON RESIDENT INSURANCE PRODUCER	Active	10/28/96	10/31/18	0B86577	- ACCIDENT AND HEALTH AGENT - LIFE ONLY AGENT
CO	Producer	Active	08/01/96	09/01/17	61399	- ACCIDENT AND HEALTH - LIFE
CT	Producer	Active	02/01/00	01/31/18	001001359	- Credit - Travel - ACCIDENT & HEALTH - LIFE
DC	Producer	Active	09/01/96	05/31/17	0187521	- ACCIDENT & HEALTH OR SICKNESS - LIFE
DE	Producer	Active	08/09/96	02/28/17	0152406	- NONE
FL	Agency	Active	06/09/14		L088947	- LINES DETERMINED BY AGENT
FL	Managing General Agent	Inactive	08/08/06		P056252	

State	Name	Status	Started	Expires	License#	LOA
GA	PRINCIPAL AGENCY - NONRESIDENT	Active	06/20/03	12/31/16	102062	- PRINCIPAL AGENCY- ACCIDENT AND SICKNESS - PRINCIPAL AGENCY - LIFE - PRINCIPAL AGENCY - VARIABLE PRODUCTS
HI	Producer	Active		04/16/18	310720	- ACCIDENT & HEALTH OR SICKNESS - LIFE
IA	BUSINESS ENTITY PRODUCER	Active	03/07/01	05/31/19	1001000997	- DETERMINED BY AFFILIATED PROD
ID	NON RESIDENT PRODUCER	Active	08/27/96	09/01/18	51970	- DISABILITY (HEALTH) - LIFE
IL	BUSINESS ENTITY PRODUCER	Active	09/24/98	05/31/18	100299650	- NOT APPLICABLE
IN	Producer - Organization (Corp)	Active	08/12/96	01/31/18	263996N	- LIFE, ACCIDENT & HEALTH
KS	Agency	Active	08/16/16	08/16/18	364084086-0	- LINES HELD BY EMPLOYEES
KY	Agent	Active	09/10/99	03/31/18	DOI-401198	- LIFE - HEALTH
LA	PRODUCER AGENCY	Active	10/25/96		228856	- ACCIDENT & HEALTH - LIFE
MA	BUSINESS ENTITY PRODUCER	Active	10/29/01	10/29/17	1783105	- LIFE
MA	Broker	Inactive	10/29/01	05/16/03	1639824	
MD	Producer	Active	10/29/96	10/13/17	5013	- LIFE - HEALTH
ME	NR PRODUCER BUSINESS ENTITY	Active	07/31/96		AGN46482	- LOA NOT APPLICABLE
MI	NON RESIDENT PRODUCER	Active	11/20/96		0015408	- ACCIDENT AND HEALTH - LIFE
MN	BUSINESS PRODUCER	Active	07/15/98	10/31/18	20142131	- NONE
MO	BUSINESS ENTITY PRODUCER	Active	08/07/96	08/07/18	12049	- LINES HELD BY EMPLOYEES
MS	INSURANCE PRODUCER ENTITY	Active	10/27/09	05/31/17	9906649	- NO LOA NEEDED
MS	NON-RESIDENT PRODUCER - LAH	Inactive	01/01/00	12/31/09	9906649	- NO LOA NEEDED

State	Name	Status	Started	Expires	License#	LOA
MT	Producer	Active	08/15/96		25438	- DISABILITY (HEALTH) - LIFE
NC	Corporation	Active	09/24/01	03/31/17	364084086	- LOA NOT APPLICABLE
ND	Producer	Inactive	08/09/96		20291905	
NH	Producer	Active	06/15/01	05/31/18	0361760	- A&H - LIFE
NJ	Producer - Organization (Corp)	Active	07/25/96	05/31/18	9613434	- ACCIDENT HEALTH OR SICKNESS - LIFE
NM	Firm	Active	05/02/01	04/30/17	550569	- LIFE, ACCIDENT & HEALTH
NM	Fraternal	Inactive	06/18/14		100003037	
NV	NON RES PRODUCER/PRODUCER FIRM	Active	10/01/01	10/01/17	7142	- LIFE - HEALTH - VARIABLE ANNUITIES/VAR LIFE
NV	Non Res Agent/Agy	Inactive	09/04/96	10/01/02	7142	- LIFE - HEALTH - VARIABLE ANNUITIES/VAR LIFE
NY	Life/Accident & Health	Active	07/01/15	06/30/17	LA-860162	- ACCIDENT & HEALTH - LIFE - VARIABLE LIFE/VARIABLE ANNUITY
OH	MAJOR LINES	Active	04/11/01	09/30/17	26016	- ACCIDENT & HEALTH - LIFE
OK	Producer	Active	01/02/92	07/31/17	100103758	- ACCIDENT & HEALTH - LIFE
OR	Producer	Active	07/29/96	07/31/17	100159304	- LIFE - HEALTH
PA	NonResident Producer Agency	Active	05/17/04	08/08/18	60584	- ACCIDENT & HEALTH - LIFE & FIXED ANNUITIES
PA	Agency	Inactive	08/08/96	08/08/04	14274	
RI	Insurance Producer	Inactive		05/31/08	1092824	
SC	Agency	Active	12/30/98		108798	- NONE
SD	Business Entity	Active	09/22/98		5091	- NO LOA

State	Name	Status	Started	Expires	License#	LOA
TN	BUSINESS ENTITY PRODUCER	Active	06/11/03	03/01/17	612	- NOT APPLICABLE
TX	General Lines Agency/Agnt	Active	02/19/02	02/19/18	13380	- LIFE, ACCIDENT, HEALTH AND HMO
UT	NON RESIDENT PRODUCER	Active	05/16/02	03/31/18	5353	- ACCIDENT & HEALTH - LIFE
UT	Non-Resident Agency	Inactive	03/16/92	03/31/04	5353	- ACCIDENT & HEALTH - LIFE
VA	Producer	Active	08/29/96		108463	- LIFE AND ANNUITIES - HEALTH
VT	NON RES PROD BUS ENTITY	Active	07/22/03	03/31/17	150	- NONE
WA	Producer	Active	10/11/12	10/11/16	819298	- DISABILITY - LIFE
WI	INTERMEDIARY FIRM	Active	07/22/99	02/15/18	100197781	- NONE
WV	Business Entity	Active	10/03/03	06/30/17	100112699	- NONE
WY	NON RESIDENT PROD FIRM	Active	12/10/01		5093	- ACCIDENT & HEALTH - LIFE - VARIABLE LIFE & VARIABLE ANNUITY