ADMINISTRATION FEE APPENDIX

Issued XXX

Between

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA

and

XXX

Number XXX

This Appendix forms and is made a part of the Agent's Agreement to which it is attached.

For policies issued by the Agent and accepted by the Company, the Agent will be paid administration fees, on net written premium, in the amount specified below.

Administration fees are paid on the actual Net Written Premiums (gross premiums less return premiums for cancelled Policies) received by the Company.

ST	TYPE OF INSURANCE	EFFECTIVE DATE	EXPIRATION DATE	SINGLE LIFE	JOINT LIFE	SINGLE DISABILITY	JOINT DISABILITY