ADMINISTRATION FEE APPENDIX

Issued XXXX

Between

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA

and

XXXX General Agent # XXX

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

Unless stated otherwise, for policies issued by its Agents (specified as "A" below) and accepted by the Company, the General Agent (specified as "G" below) will be paid administration fees, on net written premium, in the amount of the difference between the applicable administration fees specified below and the administration fees payable by the Company to the Agent, specified in the Agent's Agreement, between Company and Agent.

Administration fees are a percent of actual premiums received by Company.

KEY: *ALL BUSINESS/AGENTS NOT SPECIFICALLY ADDRESSED

ST	TYPE OF INSURANCE	TYPE OF BUSINESS OR SPECIFIC AGENT	EFFECTIVE DATE	EXPIRATION DATE	SINGLE LIFE	JOINT LIFE	SINGLE DISABILITY	JOINT DISABILITY
	SINGLE PREMIUM							

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KEY: *ALL BUSINESS/AGENTS NOT SPECIFICALLY ADDRESSED

ST	TYPE OF INSURANCE	TYPE OF BUSINESS OR SPECIFIC AGENT	EFFECTIVE DATE	EXPIRATION DATE	SINGLE LIFE	JOINT LIFE	SINGLE DISABILITY	JOINT DISABILITY

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KEY: *ALL BUSINESS/AGENTS NOT SPECIFICALLY ADDRESSED

ST	TYPE OF INSURANCE	TYPE OF BUSINESS OR SPECIFIC AGENT	EFFECTIVE DATE	EXPIRATION DATE	SINGLE LIFE	JOINT LIFE	SINGLE DISABILITY	JOINT DISABILITY