

I. APPLICATION

Section 1: AGENT INFORMATION

First Name _____ Middle Initial _____ Last Name _____
 Res. Address _____ City _____ State _____ Zip _____
 Business Address _____ City _____ State _____ Zip _____
 Home Phone (____) _____ Work Phone (____) _____
 E-mail Address _____ Social Security Number _____ - _____ - _____
 National Producer Number (NPN#): _____ Fax Number (____) _____ Birth Date ____/____/____

1. Are you currently appointed with any of the following subsidiaries of Universal American Corp.? Each entity listed below is an "Affiliate Company." (Check all that apply.)
- | | | | |
|---|--|--|--|
| <input type="checkbox"/> American Pioneer | <input type="checkbox"/> American Progressive | <input type="checkbox"/> Constitution Life | <input type="checkbox"/> Marquette National |
| <input type="checkbox"/> Pennsylvania Life | <input type="checkbox"/> Pyramid Life | <input type="checkbox"/> Union Bankers | <input type="checkbox"/> Select Care of Texas, LLC |
| <input type="checkbox"/> Select Care Health Plans, Inc. | <input type="checkbox"/> ABRI Health Plans, Inc. | <input type="checkbox"/> Global Health, Inc. | |

a. If yes, provide your current Agent Number: _____
 b. What other company(s) are you currently appointed with: _____

2. I am contracting as a(n): Individual (Sole Proprietor) Corporation Partnership
- a. Please identify each ("Company") listed below that you wish to contract with to sell state regulated insurance plans (Check all that apply.)
- | | |
|--|---|
| <input type="checkbox"/> American Pioneer Life Insurance Company | <input type="checkbox"/> American Progressive Life & Health Insurance Company of New York |
| <input type="checkbox"/> Constitution Life Insurance Company | <input type="checkbox"/> Marquette National Life Insurance Company |

b. I am requesting authorization to sell state regulated insurance plans for the Company(ies) in the state(s) of: _____
(Attach copies of your Accident, Health & Life license(s) for the applicable state(s) listed above.)

- c. Commissions will be payable to me by (check only one):
 Company or My Sales Manager
- d. Commissions will be payable to the contracted individual/entity:
 Individual Social Security Number: _____
 Corporation/Partnership Tax ID Number: _____

3. I hereby request, subject to final approval of the Company, advances of first year commissions as follows:
 3-months 6-months 9-months 12-months *I understand if no election is made, commissions will be paid as earned.*
4. I understand that all advances and commissions due to me will be deposited by the Company directly into my bank account. I understand that the company may discontinue commission advances at any time. I hereby authorize the Company to deposit all commissions due me to my bank account identified below:
 Account Number: _____ Financial Institution Name: _____
 City: _____ State: _____

(Attach voided check in the space provided at the end of the Agreement.)

Section 2: BACKGROUND INFORMATION

1. Have you ever been fined, suspended, placed on probation, paid administrative costs, entered into a consent order, been issued a restricted license or otherwise been disciplined, reprimanded or are you currently under investigation by any insurance regulatory authority, FINRA (formerly known as the NASD) or SEC?..... Yes No
If yes, please provide specific details regarding what regulatory agency, the date(s) of said action and current status.____

2. Does any insurer, insured or other person or agency claim any commission chargeback or other indebtedness from you resulting from insurance transactions or business?..... Yes No
If yes, please identify the specific party(s) involved and the basis of the claim. Indicate if the claim is formerly being disputed.

3. Has any lawsuit or claim ever been made against you or an errors and omissions insurer arising out of your sales or practices or have you ever been refused declined for E&O coverage?..... Yes No
*If yes, provide the date and the name and address of the court where the lawsuit was tried or the name of the E&O carrier involved.*_____

4. Have you initiated foreclosure and/or declared any type of bankruptcy (personal or any business in which you had control or ownership interest) in the last seven (7) years or declared multiple bankruptcies?..... Yes No
*If yes, please provide details and date(s) regarding the action along with the name and address of the court to which said action was initiated/declared.*_____

5. Have you been charged with or pled guilty to, nolo contendere (no contest) to or been found guilty of any felony or misdemeanor or, are you now under indictment?..... Yes No
*If yes, provide the date and offense as well as the name and address of the court where your case was processed.*_____

6. Are you presently involved in any litigation or administrative proceeding or are there unsatisfied judgments or outstanding tax liens (state or federal) against you?..... Yes No
*If yes, please provide dates and details. Be advised that Company protocol requires written documentation regarding the payment resolution or agreed upon repayment plan with confirmed payment history pertaining to judgments and tax liens.*_____

7. Have you ever been listed as debarred, excluded or otherwise ineligible for participation in federal health care programs or been terminated for cause by any insurance company or financial services employer?..... Yes No
*If yes, please provide dates and details.*_____

8. Is your Drivers License currently suspended or revoked?..... Yes No
9. Do you maintain auto-insurance coverage that satisfies the minimum requirements for your state?..... Yes No

(If you are unable to provide a full explanation to any “yes” answers in the space provided, please use a separate sheet, inclusive of dates and attach to this Application.)

II. AGREEMENT

I request approval to contract with the Company as an agent (“Agent”) to market and solicit sales of insurance plans regulated by the applicable Department of Insurance of the applicable State(s) on behalf of the Company.

The Company is requested to make application to the Department of Insurance of the applicable State(s) for the issuance of an appointment authorizing Agent to solicit applications for policies of insurance offered by the Company.

Upon the Company’s approval of this Agreement, by signature of a duly authorized officer of the Company below, this will become a binding contract between the Company and Agent and Agent shall be authorized by the Company to act on behalf of the Company in accordance with the terms and conditions set forth below. Agent agrees as follows:

1. Agent’s authority hereunder shall be limited to marketing, soliciting, and selling applications for policies of insurance offered by the Company; to collect the first premium of each such policy of insurance applied for and immediately deliver same to the Company; to deliver issued policies of insurance as directed by the Company, if the insured(s) is/are in good health and the first premium has been paid; and to do any act or perform any duty which is specifically authorized in writing and signed by an Officer of the Company.
2. Agent represents and warrants that all information provided on the Agent Application and Agreement hereto is true, accurate and complete.
3. Except as disclosed in the Agent Application and Agreement, Agent represents and warrants that Agent has neither been, nor will be, during the term of this Agreement: (i) listed as debarred, excluded or otherwise ineligible for participation in federal or state health care programs; or (ii) convicted of a felony or misdemeanor, excluding traffic violations. If at any time Agent becomes aware of any violation of this representation and warranty, Agent agrees to notify the Company in writing immediately.
4. Agent may solicit applications for insurance only in territories in which Agent and the Company are duly licensed and authorized to conduct business.
5. Agent’s relationship with the Company shall be that of independent contractor, and not that of employer and employee, partners or joint ventures or any other legal relationship other than independent contractors. Agent shall be free to exercise

GUARANTEE BY OFFICERS OR PARTNERS

If the Agent is a corporation or partnership, each of the undersigned, in consideration of the company executing this Agreement, represents to the Company that the principal stockholders or partners of the Agency, with the percentages of interest in the total ownership of the Agency, are as follows, and does hereby personally and severally guarantee the performance of all terms, liability and responsibility for any default in such terms, conditions, covenant, and/or amendments.

X _____
Signature Print Name Title % Interest

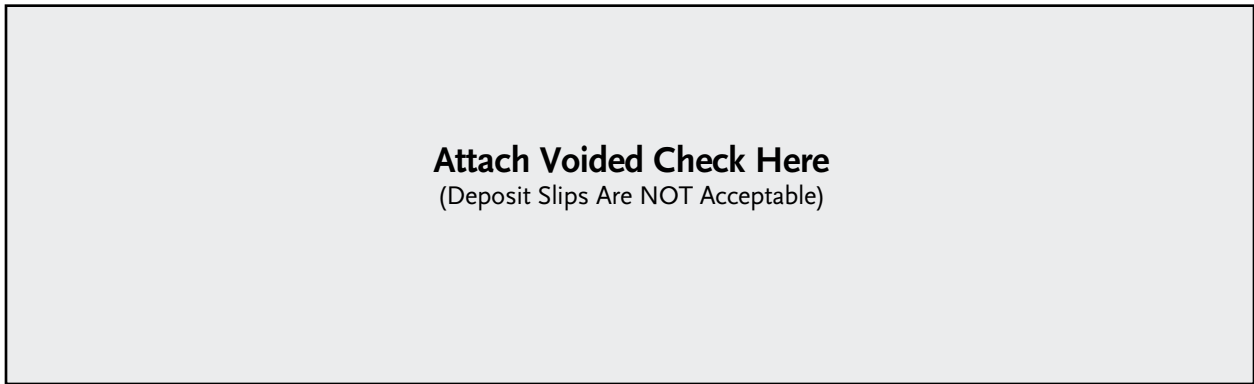
X _____
Signature Print Name Title % Interest

X _____
Signature Print Name Title % Interest

SIGNATURE OF THE COMPANY

By signing this Agreement, the Company hereby authorizes the Agent to act on behalf of the Company in accordance with the terms and conditions of this Agreement.

X _____
Signature Print Name Date



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.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
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 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.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
		+		+				
or								
Employer identification number								
		+						

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. person (including a U.S. resident alien).

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 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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