



CONTRACT/APPOINTMENT TRANSMITTAL

This transmittal is required to contract a new agent, appoint a new agent under a License-Only Agreement, or to change commission level or hierarchy of an active agent.

To appoint a new agent, please complete sections A, B and C and return with items (1) through (5) below.

To change an existing commission level or hierarchy, complete sections A, B and C. These changes are effective on the date this form is received in the Home Office.

Please print all information clearly.

A. Contract/Appointment to be in Name of: Micha Edwards

Individual or Corporation (If corporation, include name of licensed principal)

B. Type of Appointment:

Agent's Contract

Contract Level % 75 Contract Level # 5001

OR

License-Only Agreement under Contracted Agent Name _____

Agent Number (if known) _____

C. Commission Hierarchy:

Immediate Overriding Supervisor of new Agent to be contracted:

Name: Laurie Dendy Agent No. _____

Additional forms to be submitted

- (1) Agent Appointment Information form (200-077)
- (2) Signed Agent Contracts (200-114) or Sub-Agent Contracts (200-321)
- (3) Copy of agent's license and/or corporation's license, as appropriate.
- (4) EFT Authorization form (200-371)
- (5) Commission Annualization Request, if applicable (200-353)

Jan. 11, 2008
Date

Laurie Dendy
Signature of MGA

NOTE: All agents in the commission hierarchy are not eligible for United Home Life Insurance Company Sales Contests.

UNITED HOME LIFE INSURANCE COMPANY

P.O. BOX 7192 • INDIANAPOLIS, INDIANA 46207-7192 • PHONE (317) 692-7979 • FAX (317) 692-7215
AGENCY 1-800-428-3001

AGENTS APPOINTMENT INFORMATION

(Please Print Legibly)

Full Name Micha Lee Edwards
(First) (Middle) (Last)

Designations: CLU ChFC CPCU CFP RHU FLMI

Date of Birth July 23, 1980 Place of Birth Alexander City, AL Sex F

Residence Address 215 Landers Way Covington, GA 30014 Jasper
 Own Rent (Street) (City) (State) (Zip) (County)

Business/Agency Name _____

Primary Address 215 Landers Way Covington, GA 30014 Jasper
(US Mail) (Street) (City) (State) (Zip) (County)

Shipping Address 215 Landers Way Covington, GA 30014 Jasper
(pkg. deliveries) (Street) (City) (State) (Zip) (County)

Phone Nos.: Residence - 678/342/0069 Business - 678/342/0069 Fax - 678/625/9483

Email - micha @ dendygroup.com

Name of Spouse _____

Commissions to be made payable to: Micha Edwards

Social Security No. (required) 000-00-0000 Corporate Tax I.D. No. _____

List ALL states currently licensed in: GA

Years in Insurance Business: 2 yrs.

License number in Resident State is: 65387 GA

Have you ever had a license cancelled by any Insurance Department? Yes No

If YES, explain _____

Have you ever been terminated by a Company for Cause? Yes No

If YES, explain _____

Have you ever been convicted of a felony involving (1) breach of trust; (2) dishonesty; or (3) insurance crimes as defined in 18 U.S.C. §1033? Yes No

If YES, explain _____

Record of past employment – last 10 years (for Insurance Department):

From To Nature of Work Name & Address of Company

Make sure to fill this out!

Are you a Personal Producer Yes No

Primary Company You Represent Shenandoah Life

List other life insurance companies you are currently doing business with:
Americo etc

Primary Markets _____

Current Life and Health Production \$ 600,000.00 Annual Premium

13 Month Persistency 86%

How much annualized premium can United Home Life expect from you? \$ 700,000.00

Recommended By: Laurie Dendy 215 Landers Way Covington, GA 30014
(Name) (Address)

I understand that the Company may secure personal interviews with third parties such as business associates, financial sources, or others concerning the character, general reputation, and financial standing of myself and the agency. Upon written request, additional information will be provided as to the nature and scope of the report, if one is made.

DATED Jan 11, 2008 Michele Edwards
(Signature of applying General Agent)

I have made a diligent inquiry and investigation relative to this person's identity, residence and recommend him to represent United Home Life Insurance Company as an agent

Laurie Dendy
Recruiting MGA (Signature)

Laurie Dendy
Recruiting MGA (Print Name)

Recruiting General Agent Number



United Home Life Insurance Company

Indianapolis, Indiana

GENERAL AGENT'S CONTRACT

This agreement, executed in duplicate originals, Jan. 11, 2008, by and between UNITED HOME LIFE INSURANCE COMPANY, a Corporation of the State of Indiana, whose Home Office is situated in Indianapolis, Indiana, hereinafter

called the "COMPANY," and Micha Lee Edwards FULL NAME

of 215 Landers Way Covington, GA 30014 ADDRESS

County of Jasper, State of GA

hereinafter called the "GENERAL AGENT."

Witnesseth that these two (2) parties agree to transact business upon the following terms and conditions:

RELATIONSHIP

1. The relationship between the COMPANY and the GENERAL AGENT shall be that of independent contractor and contractee, and not that of employer and employee.

AUTHORITY TO SOLICIT

2. (a) The GENERAL AGENT is hereby authorized to solicit applications for insurance and annuities for the COMPANY; to collect the first premium in cash in accordance with the COMPANY's procedures on each policy of insurance or annuity applied for and immediately pay the same over to the COMPANY; to deliver policies of insurance and annuities as directed by the COMPANY, if the proposed insured is in good health and acceptable and insurable, and the first premium has been paid; and to perform any act or duty which is specifically granted in writing by an officer of the COMPANY authorized to do so.
(b) The GENERAL AGENT has no authority to either alter, modify, waive or change any of the terms, rates or conditions of the COMPANY's policies or contracts; to collect or receipt for premiums or renewals other than the first premium; to submit other than the full premium to the COMPANY; to execute any contract in the name of the COMPANY; to endorse checks payable to the COMPANY; to advertise or publish any matter or thing concerning the COMPANY or its policies without advance permission of the Company; or to perform any act other than that expressly authorized herein. The COMPANY has the right to review the records pertaining to the GENERAL AGENT'S activities under this contract.

AUTHORITY TO APPOINT SUB-AGENTS

3. The GENERAL AGENT has the authority to recruit and recommend to the Company, subject to its approval, SOLICITING AGENTS, hereinafter referred to as "Sub-Agents." All contracts with any recommended Sub-Agent shall be made directly with the COMPANY on the COMPANY's form, showing the GENERAL AGENT's signature of recommendation thereon. No agreement shall be effective and no Sub-Agent may represent the COMPANY until the proposed Sub-Agent is duly licensed

in the state in which soliciting and appointed to represent the COMPANY and the same has been executed by an officer of the COMPANY. The COMPANY reserves the right to refuse contract with any recommended Sub-Agent, or, once made, to thereafter terminate the same for any reason.

COMMISSIONS

4. (a) Subject to the provisions of this contract, in accordance with the rules and regulations of the COMPANY, and as hereinafter set out, the COMPANY will pay commissions to the GENERAL AGENT on premiums paid to the COMPANY in cash on account of individual policies issued during the term of this contract upon applications procured and submitted by the GENERAL AGENT or by his Sub-Agents.
- (b) The COMPANY will pay commissions to the GENERAL AGENT in accordance with the schedules attached to this contract as a part of this contract, for the policy years set forth on the schedules on policies therein designated, unless otherwise specified. The payment of commissions by the COMPANY to the GENERAL AGENT on the business of any Sub-Agent shall be an amount equal to the difference between the commission paid to the Sub-Agent and the percentage listed on the schedule of commissions attached to the GENERAL AGENTS contract.
- (c) Commissions shall not be paid on premiums on interim term policies, coupons, premiums waived on account of disability, premiums paid in advance, except as they are applied toward payment of the current premium, or premiums paid subsequent to the lapse of a policy unless the policy is reinstated solely through the efforts of the GENERAL AGENT or his Sub-Agent.
- (d) The COMPANY's sole discretion shall govern as to the amount of any commissions to be paid on premiums the COMPANY receives in sub-standard cases; on premiums for policies which must be reinsured; on first-year premiums for a policy applied for within one year either before or after a policy on the same insured lapses or is reduced; on first-year premiums for a new policy issued by reason of the conversion or a change of a policy; and on premiums for policies not included herein or which may hereafter be issued by the COMPANY.
- (e) Commissions on premiums paid for each additional benefit, such as premium waiver, accidental death, and payor benefits shall be at the same percent as is specified for commissions on premiums for the policy to which the additional benefit is attached and for the policy year thereof, except that the COMPANY'S sole discretion shall govern as to commissions on the first-year premiums for benefits added to an existing policy.
- (f) All commissions payable to the GENERAL AGENT shall be reduced, however, by the following:
 - (1) Commissions which the COMPANY pays directly to the assigned Brokers or Sub-Agents under the supervision of the GENERAL AGENT and approved by the COMPANY or to their executors, administrators, surviving spouses or estates.
 - (2) All of the service fees for the sixth and subsequent policy years on any policy when the application was procured by a Sub-Agent of the GENERAL AGENT when none of the service fees are payable to the Sub-Agent, his executor, administrator, surviving spouse or estate.

VESTED COMMISSIONS

5. (a) In the event this contract is terminated by either party for whatever reason, the GENERAL AGENT shall continue to receive the commissions payable herein from premiums on policies through the tenth(10th) policy year. The renewal commissions after the tenth(10th) policy year shall be non-vested service fee and the COMPANY shall have the sole discretion to determine whether adequate servicing is being performed by the GENERAL AGENT, and the COMPANY shall have the right to reassign policyholders for the purpose of servicing.
- (b) In the event this contract is terminated by the death of the GENERAL AGENT, the surviving spouse, or if no surviving spouse, the executor or administrator shall continue to receive the vested commissions payable herein.
- (c) In the event it becomes necessary in the opinion of the COMPANY to terminate this contract because of the physical or mental disability of the GENERAL AGENT, vested commissions provided herein shall continue to be paid during the period of such total disability.

- (d) When the GENERAL AGENT attains age 65, provided this contract has been in force for a period over (10) years, the commissions provided herein shall continue to be paid to the GENERAL AGENT during his lifetime.
- (e) In the event this contract is terminated for any reason, the COMPANY is released and discharged from any obligation to pay renewal commissions which total less than \$500.00 annualized.

FORFEITURE

- 6. Should the GENERAL AGENT at any time endeavor to induce representatives of the COMPANY to discontinue their contract with the COMPANY; its policyholders to surrender or replace their policies; withhold any property belonging to the COMPANY after demand for its relinquishment has been made by the COMPANY; willfully misappropriate funds belonging to the COMPANY; commit any other fraud against the COMPANY or its policyholders; or have license to act as an insurance agent or Broker revoked for cause after an opportunity for a hearing by the Insurance Department of any state, then the GENERAL AGENT shall forfeit any and all commission interest acquired under this or any other contract with the COMPANY.

LIABILITY ON SUB-AGENTS ACCOUNTS

- 7. The GENERAL AGENT shall be jointly and severally liable with each of his Sub-Agents to the COMPANY for all monies advanced or loaned by the COMPANY to said Sub-Agents at the request of said GENERAL AGENT, and all liabilities existing under the Sub-Agent's contract, and the COMPANY's books and records shall be exclusive evidence of such accounts and liabilities. In order to secure the payment of all such monies and liabilities to the COMPANY which may become due hereafter, the GENERAL AGENT now hereby assigns to the COMPANY as collateral all amounts due and to become due the GENERAL AGENT as overwrite on business from each of GENERAL AGENT'S Sub-Agents together with all notes of such Sub-Agents which now exist or may hereafter exist payable to the GENERAL AGENT.

INDEBTEDNESS

- 8. Any sum that may be advanced or loaned to the GENERAL AGENT by reason of the provisions hereon, or otherwise, shall be and become a debt of the GENERAL AGENT to the COMPANY, due and payable immediately on demand, or any other indebtedness of the GENERAL AGENT. The COMPANY may offset against any amounts payable hereunder, any debt or debts now due or that may become due at any time from the GENERAL AGENT to the COMPANY, whether arising hereunder or otherwise, and such debt or debts shall be a first lien thereon. No extension of time for the payment of any such indebtedness nor modification of the amount of same which may be granted by the COMPANY shall waive the COMPANY's rights hereunder.

REFUNDS

- 9. Should the COMPANY for any reason refund any premium on any policy secured hereunder, then the GENERAL AGENT shall repay, on demand, any commission received on that premium.

ACCOUNTING

- 10. The COMPANY shall furnish the GENERAL AGENT with monthly accounts in writing showing commission payments made to the GENERAL AGENT and to the assigned Sub-Agents within such accounting period.

UNISSUED AND UNPAID POLICIES

- 11. If a policy is issued on a standard basis in accordance with the terms of the application received from the GENERAL AGENT or any of his Sub-Agents, and if the policy for any reason is not accepted by the applicant and the first premium thereon is not paid in cash by the applicant, the GENERAL AGENT shall agree to pay the COMPANY for any medical or inspection, or other expense in connection with the issue of the policy.

ASSIGNMENT

- 12. No assignment of any commission or any other amounts, or any portion thereof, due or to become due to the GENERAL AGENT hereunder shall be valid unless authorized in advance in writing by an officer of the COMPANY, and any assignment so authorized shall be subject to any and all indebtedness of the GENERAL AGENT to the COMPANY then or thereafter existing.

AMENDMENT

- 13. This contract cannot be changed by any verbal promise or statement by whomsoever made, and no written modification or change will bind the COMPANY unless it is signed by an officer of the COMPANY authorized to do so, and expresses an intention to modify or change this contract. Subsequent amendments to this contract may be made by the COMPANY'S preparing and transmitting to the GENERAL AGENT such an amendment.

LEGAL PROCEEDINGS

- 14. The GENERAL AGENT shall not take legal proceedings in connection with any matter pertaining to the business of the COMPANY without the written consent of an officer of the COMPANY.

SOLE AGREEMENT

- 15. This contract is the entire contract between the parties and supersedes any and all previous agreements or contracts between the parties hereto which pertain to the solicitation of applications for any insurance or annuity mentioned herein and the payment of commissions or premiums therefore; provided, however, the GENERAL AGENT'S right to commissions from premiums on policies issued by the COMPANY under a previous contract with the GENERAL AGENT is not hereby impaired.

TERMINATION

- 16. All books of account documents of any kind, vouchers, receipts, notices, lists of policyholders, or books or papers of any kind used from time to time by the GENERAL AGENT in connection with the agency, whether the cost thereof be paid by the COMPANY or by the GENERAL AGENT, shall be and remain the property of the COMPANY, and the same be subject at all times to inspection by the COMPANY, on demand, and at the termination of this Contract, the same shall be delivered to the COMPANY on demand therefor. This Contract will terminate upon the death of the GENERAL AGENT, or either party may terminate the same by written notice to the other party, either delivered personally or mailed to the last known address of the party to be notified, at least fifteen (15) days before the date therein fixed for such termination. The COMPANY may terminate the Contract without the requisite fifteen (15) days' notice for default of the GENERAL AGENT as determined by the COMPANY.

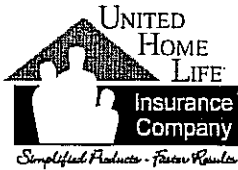
UNITED HOME LIFE INSURANCE COMPANY
P.O. Box 7192
Indianapolis, Indiana 46207-7192

Approved By: _____
United Home Life

Micha Edwards
Name of General Agent (Print)

Micha Edwards
Signature of General Agent

Signed Jan. 11 2008
Month Day Year



UNITED HOME LIFE INSURANCE COMPANY
P.O. Box 7192
Indianapolis, IN 46207-7192

COMMISSION ANNUALIZATION REQUEST

The Company, at its discretion, may advance commissions earned on products sold in accordance with the terms below.

Monthly Electronic Fund Transfer (PAC – Pre-authorized check payment)

Commissions may be advanced on policies sold on Electronic Fund Transfer (PAC) Premium Payment Mode. Agents must be receiving commissions via EFT. The number of months for which the agent will receive advanced annualized commissions is determined by the Managing General Agent.

In the event that a policy on which annualized commissions were paid is not taken or terminates before the advanced pay-out is recaptured, for any reason other than death of the Insured, the Company will immediately charge back the unearned portion of the advance against the next policies sold by the agent.

Policies written on the agent or the agent's immediate family do not qualify for annualization. The Company will not annualize commissions on a policy that has been reinstated.

On any given policy on which annualized commissions were paid, beginning in the month following the annualization period and extending through the first policy year, no commission on that policy will be paid as long as there is an existing debit balance in the agent's account. If no negative commission balance exists, 100% of the earned commission will be paid.

The Company reserves the right to cancel, modify, or remove any agent from commission annualization. Reasons for removal include, but are not limited to, poor persistency, poor quality business, or excessive debit balances, as determined solely by the Company. The maximum commissions annualized will be limited to \$1,125 annualized per policy. Maximum debit balance to be determined by the Company in consultation with the MGA, and reviewed on a periodic basis.

It is further agreed that in the event it becomes necessary to enforce payment of this Commission Annualization Request through legal action, I agree to pay the reasonable attorney's fees and court costs incurred by the Company. All amounts due hereunder shall be payable at the Company's office in Indianapolis, Indiana; and since this agreement is to be performed in Indiana, suit may be brought hereunder in Marion County, Indiana.

PRINT
HERE

Micha Edwards
General Agent or Corporate Agent Name

SIGN
HERE

Micha Edwards
General Agent or Authorized Officer Signature, if Corporation

01/11/2008
Date

Laurie Dendy
Immediate Overriding MGA Name (Please Print)

Agent Number

Laurie Dendy
Immediate Overriding MGA Signature

01/11/2008
Date

Laurie Dendy
MGA Name (Please Print) Agent Number

9 months
Annualization

Laurie Dendy
MGA Signature

01/11/2008
Date

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF COMMISSIONS

NOTE: You will receive an actual check the payday following an account change.

1. You may select up to three different Bank Accounts with Direct Deposit. Please complete the appropriate number of accounts you wish to use below. Please be sure to indicate if the account is a savings or checking. Also, indicate if the deposit will be a fixed amount, percentage of net, or net amount.
2. FOR A CHECKING ACCOUNT – A photocopy of a check or a cancelled check MUST accompany this authorization form.
3. FOR A SAVINGS ACCOUNT – A photocopy of savings account identification card MUST accompany this authorization form.

I hereby authorize United Home Life Insurance Company, hereinafter called COMPANY, to initiate credit entries or complete necessary adjusting entries to my **CHECKING** or **SAVINGS** account indicated below and the financial institution named below to credit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT

DEPOSIT ACCOUNT #1	This is <input checked="" type="checkbox"/> New Account <input type="checkbox"/> Change
Financial Institution <u>Bank of America</u>	<input checked="" type="checkbox"/> Checking
City <u>Covington</u> State <u>GA</u> Zip Code <u>30014</u>	<input type="checkbox"/> Savings
Bank Transit/ABA Number <u>5256812</u> Account Number <u>43981267</u>	
Name <u>Micha Edwards</u> Social Security No. <u>000-00-0000</u>	% <u>100</u> Per Pay
Signature <u>Micha Edwards</u> Date <u>01/11/2008</u>	

DEPOSIT ACCOUNT #2	This is <input type="checkbox"/> New Account <input type="checkbox"/> Change
Financial Institution _____	<input type="checkbox"/> Checking
City _____ State _____ Zip Code _____	<input type="checkbox"/> Savings
Bank Transit/ABA Number _____ Account Number _____	
Name _____ Social Security No. _____	% _____ Per Pay
Signature _____ Date _____	

make sure to attach a voided check!