

Producing Agent's Contract **six pages**

1. APPOINTMENT

- 1.1: Texas Life Insurance Company ("Us, We or Our"), 900 Washington Avenue, P.O. Box 830, Waco, Texas 76703 appoints _____ ("You, Your or Yours") whose address is _____

as Our independent agent. Your appointment and authorization are subject to the terms of this Contract and any Contract Supplement which becomes a part of this Contract and to the rules and regulations We may establish from time to time (collectively referred to as the "Contract"). You may solicit applications for insurance and annuities and any other plans or coverages which We are authorized to sell (collectively referred to as "insurance products") and perform the other duties authorized by this Contract.

- 1.2: You represent and warrant that You (and Your partners or shareholders, if You are a partnership or corporation) have all necessary licenses under applicable state law to conduct the activities authorized by this Contract. You also represent that You have sufficient financial standing to carry out Your duties under this Contract. You represent that all persons acting as an insurance agent under this Contract are of good moral and ethical character and have an honorable professional reputation and possess a high degree of character and integrity. You acknowledge that We require our agents to have a good record regarding regulatory actions or sanctions taken by applicable state regulatory agencies or the SEC or NASD and a good record regarding customer complaints.
- 1.3: You and Your shareholders, partners, employees, agents and representatives will be free of Our control over the time, details and means by which You carry out Your responsibilities under the Contract. Nothing in this Contract will create, or be construed to create, an employment relationship between Us and You or any of Your shareholders, partners, employees, agents or representatives. We are not responsible for any of Your expenses.
- 1.4: All compensation under this Contract will be paid to You. You assume liability, and are responsible, for paying Your partners, shareholders, officers, employees, agents, and representatives amounts paid You by Us.
- 1.5: This Contract is effective as of the date indicated below by Our signature.

2. YOUR REPRESENTATION OF US

- 2.1: Subject to the other terms and conditions of the Contract, You may:
- a. Solicit applications for insurance products issued by Us;
 - b. Collect commissions due You under the Contract;
 - c. Collect and receipt for premiums due Us for insurance products You sell, but all the premiums must be held in trust for Us and must be promptly paid to Us.

- 2.2: You may designate which individual or individuals within Your organization will perform the selling and administrative services under the Contract, but each individual designated must be licensed under applicable state law to conduct the activities the Contract authorizes.
- 2.3: You may recommend to Us persons to be appointed as Our Agents and your sub-agents. We will enter into a contract with any person recommended by You whom We agree to appoint.

3. LIMITATIONS ON YOUR AUTHORITY

- 3.1: Neither You nor any of Your shareholders, partners, officers, employees, sub-agents or representatives have the right or authority to, and You agree that You and they will not: incur any indebtedness or liability, or establish accounts, in Our name; bind or attempt to bind Us on any insurance coverage, or make, modify, or discharge contracts for Us; extend the time for payment of any premium or waive the payment of any premium in cash; or quote rates or policy features on Our contracts not offered by Us.
- 3.2: Neither You nor any of Your shareholders, partners, officers, employees, sub-agents or representatives have the right or authority to, and You agree that You and they will not: deliver any policy before payment of the first premium or at any time You have reason to believe the proposed insured is not in good health; demand or accept from any policyholder, beneficiary, or annuitant anything of material value for carrying out Your duties under the Contract; offer or pay any inducement not permitted by law or any rebate to any person when selling Our insurance products; attempt to obtain an insurance product for any person or entity if You know, or, in the exercise of diligence, should know: (a) We would refuse to issue a contract for the insurance product if the pertinent facts were revealed to Us; or (b) the sale or attempted sale of the insurance product is an effort to mislead, misinform or defraud Us or the customer.
- 3.3: You may not assign the Contract, in whole or in part, or the right to any compensation earned by You from Us, to a third party without Our prior written consent or attribute to Yourself business produced primarily by or through the efforts of anyone who is not appointed as an Agent by Us.
- 3.4: You may not make disparaging remarks or inaccurate comparisons about competing insurers and their products during the sales process. You may not engage in any activity that violates laws and regulations designed to preserve and foster free and open competition and assure reasonable prices, efficient services, and a productive economy. You may not engage in the systematic replacement of insurance policies issued by Us or Our affiliates. You may not violate any local, state or federal ordinance, regulation, or law which relates to or affects the selling and issuance of insurance and annuity policies
- 3.5: You may not represent to any person or entity that You or any of Your shareholders, partners, officers, employees, Sub-agents or representatives are Our employee.

4. YOUR DUTIES

- 4.1: You and each of Your shareholders, partners, officers, employees, and sub-agents may use the applications, forms, manuals, computer disks, computer data, schedules, and any other data or printed material furnished by Us, and all items of a promotional nature bearing Our name or trademark, only to sell Our insurance products. You and each of Your shareholders, partners, officers, employees, and sub-agents must obtain Our approval before using any advertising or promotional material about Our products or using Our name or logo, unless the material has been furnished to You by Us for advertising or promotional use. Upon termination of the Contract, You must return to Us all applications, forms, manuals, schedules, computer data, computer disks and other data or printed material We furnished You.

- 4.2: You must maintain in full force and effect all licenses, permits and other regulatory authorizations necessary for You and Your partners, officers or shareholders, if any, to lawfully conduct the activities which You are authorized to conduct under the Contract. You must notify Us immediately upon the loss of any license, permit or regulatory authorization and inform Us immediately if any legal or administrative proceeding is begun against You or any of Your sub-agents, shareholders, partners, officers, employees, or representatives, to suspend an insurance agent's license or to take disciplinary action. You must inform Us immediately of any legal or administrative action, suit or proceeding concerning or involving Us.
- 4.3: You and each of Your shareholders, partners, officers, employees, sub-agents or representatives must be bonded in the amount and with the sureties We may require and maintain errors and omissions insurance in the amounts we may require.
- 4.4: You and each of Your shareholders, partners, officers, employees, sub-agents or representatives must service the business You sell for Us or We assign to You and follow Our administrative procedures concerning the sales and servicing of insurance products. You must return any undelivered policies to Us.
- 4.5: You must repay to Us chargebacks calculated under Article 7.3.
- 4.6: You agree to abide by the Ethical Principles stated in Our Company Ethics Statement which You received during the contracting process.
- 4.7: You agree to engage in sufficient fact finding during the sales process to determine the insurable needs and financial objectives of the insurance consumer.
- 4.8: You agree to undergo periodic training and continuing education related to compliance with laws and regulations of the insurance industry and the Principles and Code of Ethical Market Conduct developed by the American Council of Life Insurance.

5. OUR RIGHTS

Without limiting Our rights by the following list, We have the following rights which we may exercise in Our sole discretion without notice to You or Your consent or agreement.

- 5.1: We may modify any insurance product or stop issuing any insurance product in any territory.
- 5.2: We may reject applications for issuance of insurance products or reinstatement of lapsed insurance products.
- 5.3: We may offset any amount which You owe Us against the amount We owe You.
- 5.4: We may modify or adjust any compensation payable under the Contract on any application for insurance, in accordance with Our published rules then in effect.
- 5.5: We may limit Your right to sell certain products depending on the persistency of Your business or other factors We may determine and announce from time to time.

6. LIEN ON YOUR COMPENSATION

You grant Us a first lien upon the compensation You earn from Us as security for the payment of all Your indebtedness to Us, whether now existing or later created. You assign to Us enough of Your compensation from Us as is necessary to pay all indebtedness owed by You to Us. Any transfer by You of Your right to compensation from Us is subject to Our first lien. This lien and assignment extend to all compensation to be paid by Us to You whether under the Contract or otherwise.

7. AMOUNT OF COMMISSIONS

- 7.1: We will pay You first year commissions and renewal commissions and service fees of a percentage of premium collected on sales by You of insurance products listed on the Commission Schedule attached to the Contract, as it may be amended or modified.
- 7.2: If You have agents appointed with Us under Section 2.3, or if We assign agents to You, We will pay You first year commissions and renewal commissions on sales by Your sub-agent. These commission amounts will equal the commission We would pay You if You sold the policy, less the amount We paid all sub-agents receiving payment for the policy.
- 7.3: We will charge back to You all compensation paid to You for premiums We do not receive and premiums We refund to a policyholder for any reason.

8. PAYMENT OF COMMISSIONS AFTER TERMINATION

- 8.1: First year commissions for sales made before the Contract terminates will be paid to You after the Contract terminates unless (1) it terminates under Section 9.2 or (2) We are prohibited by law from paying You the commissions.
- 8.2: We will pay renewal commissions after the Contract terminates unless (1) You and Your sub-agents have in force with Us policies generating annualized premiums of less than \$ 2,500, (2) the Contract is terminated under Section 9.2, (3) We are prohibited by law from paying You the commissions, or (4) any successor in interest to You is unable to provide proof satisfactory to Us of the successor's right to receive the commissions. We will not pay You service fees after the Contract terminates.
- 8.3: You have no right to, or interest in, commissions paid by Us on policies which were issued after Your Contract terminated from applications produced by any sub-agent.

9. TERMINATION

- 9.1: This Contract will terminate upon notice sent by You to Us or Us to You.
- 9.2: This Contract will terminate immediately, without notice, for violation by You of any of the provisions of the Contract.
- 9.3: This Contract will terminate immediately, without notice,
- a. if You are an individual, upon Your death or the occurrence of mental or physical disability which will prevent You from satisfactorily performing Your duties for Us;
 - b. if You are a corporation or partnership;
 1. upon Your dissolution, if You are not reconstituted within ninety (90) days of such dissolution;
 2. upon Your sale or liquidation or the transfer of all, or substantially all, of Your assets;
 3. upon Your merger with another entity, if You are not the surviving entity;
 - c. upon the adjudication, by a court with competent jurisdiction, that You or any of Your partners or shareholders are bankrupt, or upon the assignment of substantially all of Your assets for the benefit of creditors.
- 9.4: If during any calendar year ending after this Contract has been in effect one year, You and Your sub-agents have sold insurance policies generating less than \$ 2,500 of annualized premiums during the year, We will charge You a \$ 50 contract maintenance fee. We will collect this fee from

commissions We owe You. If Your commission account has less than \$ 50, this Contract will terminate unless You pay Us the fee within 30 days after the end of the calendar year. This Section 9.4 has no effect on the rights of either party to terminate the Contract under Sections 9.1 through 9.3.

10. MISCELLANEOUS

- 10.1: You agree to indemnify, defend and hold Us and Our officers, directors, employees and Agents harmless from and against all losses, claims, obligations, demands, assessments, penalties, liabilities, costs, damages, attorneys' fees and expenses asserted against or incurred by Us by reason of, or resulting from, Your breach of the Contract.
- 10.2: If any provision of the Contract is held invalid or unenforceable, the remainder of the Contract remains in full force and effect. If any provision is held invalid or unenforceable under particular circumstances, it will remain in full force and effect in all other circumstances.
- 10.3: We may enforce all the provisions of the Contract even after failing to insist upon strict compliance with any provision of this Contract on a prior occasion.
- 10.4: The Contract will inure to and will be binding upon the parties, their successors, assigns, heirs and personal representatives.
- 10.5: Any notice or other communication under the Contract must be in writing and must be sent by regular United States mail service, postage prepaid, or personally served. Each notice is deemed to be duly given when deposited in any mail depository maintained by the United States Postal Service or when personally served. Each notice will be addressed to the parties at the addresses specified in the first paragraph of the Contract or to any other address as may be specified by a party by notice.
- 10.6: This Contract is the entire Contract between You and Us. It replaces and supersedes any previous contracts between You and Us. We may amend or replace all or any part of the Contract by notifying You of the amendment or replacement. We also may add or delete supplements to the Contract by notifying You. Each amendment, replacement, addition or deletion to the Contract will specifically refer to the portion of the Contract to which it relates or identify itself as a Contract supplement. The Contract can only be changed by a written agreement signed by Us.
- 10.7: If You are a partnership or corporation, You represent to Us that the person signing the Contract on Your behalf is authorized to sign it and bind You to its terms.
- 10.8: The Contract is governed by and construed in accordance with the laws of the State of Texas and is executed and performable in McLennan County, Texas.

11. HANDLING NONPUBLIC PERSONAL INFORMATION

- 11.1: "Nonpublic personal information" means financial or health related information by which Our consumer or customer is individually identifiable, including, but not limited to, nonpublic personal financial information as defined by Title V of the Gramm-Leach Bliley Act and regulations adopted under it.
- 11.2: Any nonpublic personal information You obtain about one of Our customers or consumers from Us, or on Our application form or as required by Us as a part of applying for or servicing one of Our policies may be used by You only to solicit sales of, or provide service on, Our policies or products. You may not disclose any such nonpublic personal information to any third party except to the extent permitted by applicable laws and Our Privacy Policy, for example, to comply with a regulator's lawful request, as authorized by the customer, and to protect against or prevent fraud.

11.3: If You provide Us any nonpublic personal information about one of Our customers or consumers which you obtained other than as defined in 11.2, We will not disclose any such nonpublic personal information to any third party except to the extent permitted by applicable laws and Our Privacy Policy, for example, to comply with a regulator's lawful request, as authorized by the customer, and to protect against or prevent fraud.

Texas Life Insurance Company

By: _____ Agent Signature: _____

Print Agent Name: _____

Effective Date: _____

Type of Agent

- Individual
- Partnership
- Corporation

Agent's Business Background Summary

Please Print or Type

Personal (All Agents Complete This Area)			
Name (Last, First, Middle)		Common Name	Social Security #
Date of Birth (MM/DD/YY)	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	Maiden Name	Spouse's First Name
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Professional Designations <input type="checkbox"/> CLU <input type="checkbox"/> LUTCF <input type="checkbox"/> LUTC <input type="checkbox"/> ChFC <input type="checkbox"/> FLMI <input type="checkbox"/> MBA <input type="checkbox"/> Other_____		
Resident Physical Address			
Street:_____ Suite:_____			
City:_____ County:_____ State:_____ Zip:_____			
Resident Mailing Address (if different from physical address)			
Street:_____ Suite:_____			
City:_____ County:_____ State:_____ Zip:_____			
Business Physical Address			
Street:_____ Suite:_____			
City:_____ County:_____ State:_____ Zip:_____			
Business Mailing Address (if different from physical address)			
Street:_____ Suite:_____			
City:_____ County:_____ State:_____ Zip:_____			
Business Phone Number ()	Fax Number ()	E-mail Address	
Where is mail to be delivered? <input type="checkbox"/> Business <input type="checkbox"/> Residence	How long have you been a licensed agent/broker?	Do you carry E&O coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$ _____ Company_____	

List all licenses currently held. Please enclose a copy of each license.			
	License Number	State	Expiration Date
Resident License			
Non-Resident License*			
Non-Resident License*			

Attach listing for additional state licenses held. *Texas Life does not pay appointment fees in non-resident states. If you would like to be appointed in a non-resident state, please remit the non-resident appointment fee. For information on non-resident appointment fees, please call Marketing Administration at 800-283-9233 and dial 1323# or 1378#.

References			
Business: List people, unrelated to you, who know you and your operation, and will be able to verify information regarding you.			
Name	Address	Phone	Occupation
Name	Address	Phone	Occupation
Personal: Name of nearest relative not living with you.			
Name	Address	Phone	Occupation

Insurance Company Affiliations		
Name & H.O. Location of Insurance Company	Date of Contract	
	From	To
1.		
2.		
3.		
4.		
5.		
Have you worked for MetLife, other than as a broker, in the past 18 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been or are you currently associated in any capacity with a company, agent or broker engaging in the viatical settlement business? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain the nature of your relationship with such company or individual below.		

Compensation Information (Excluding Corporate Representatives)			
<u>Mode of Payment</u>		<u>Method of Payment</u>	
1. Bi-Monthly (Mid Month & Month End)	<input type="checkbox"/>	1. Check by Mail	<input type="checkbox"/>
2. Month End only	<input type="checkbox"/>	2. Electronic Fund Transfer (Please attach voided check.)	<input type="checkbox"/>

Corporations (Complete only if you are principal agent contracting a corporation with Texas Life)			
Corporate Name			
Mailing Address			
Federal Tax Number		State of Incorporation	
List all corporate licenses currently held. Please enclose a copy of each license.			
	License Number	State	Expiration Date
Resident License			
Non-Resident License*			
Non-Resident License*			

Attach listing for additional state licenses held. ***Texas Life does not pay appointment fees in non-resident states. If you would like to be appointed in a non-resident state, please remit the non-resident appointment fee. For information on non-resident appointment fees, please call Marketing Administration at 800-283-9233 and dial 1323# or 1378#.**

1. Are life insurance commissions your primary source of income? Yes No

If not, what is your primary occupation? _____

2. Do you receive annualized compensation from any company? Yes No

If so, what percent of commission? _____

3. Do you buy leads from outside vendors? Yes No

If so, from whom? _____

4. How many years have you been selling insurance products? _____

5. How many life insurance companies do you represent? _____

6. a. How many voluntary payroll employer groups did you sell last year? _____

b. If you sell payroll products, check all types of policies you sell.

Life Accident Disability Dental
 Long-Term Care Cancer Prepaid Legal

7. Please state your annualized life premium for the previous year. \$ _____

8. How did you hear about Texas Life? _____

9. Please project your annualized paid life premium during your first 12 months with Texas Life.

Individual \$ _____ Payroll \$ _____

10. What is your primary product?

Life P&C Mutual Funds
 Health Annuities Other _____

11. Please check your #1 life product and name the company that produces it.

Term U.L.
 Whole Life Annuities Company _____

12. Applicant's Ethnic Group

Hispanic/Latino Black/African-American White/Anglo Asian/Pacific Islander Other

13. General Education Level

High School Graduate Technical or Trade School Some College
 College Graduate Post-College Graduate

14. Please check your personal, not household, annual income

Under \$25,000 \$25,000 - \$50,000
 \$51,000 - \$100,000 Above \$100,000

Appointment Standards Questionnaire for Potential Distributors

PROFESSIONAL QUALIFICATIONS

- No Yes Do you currently possess a valid license for each state in which you intend to solicit applications on behalf of Texas Life?

If "No" please indicate when you will receive your valid license. _____

IMPORTANT: Please read and answer the following questions, giving a detailed explanation in the space provided on page 5 for each "Yes" answer. Our practice is to verify the information provided in this questionnaire with a credit reporting agency and other firms providing background information. *Information requested and not disclosed will be sufficient reason to terminate the contracting process.*

FINANCIAL HISTORY

- No Yes Have you filed for and/or been granted a Bankruptcy within the previous two years?
- No Yes Have you filed for and/or been granted a Bankruptcy older than two years, but within the past seven years?
- No Yes Would a bonding agency refuse to issue a bond on your behalf?
- No Yes Have you ever been refused Bond by a bonding agency?
- No Yes Do you currently owe debts to any insurance company?
- No Yes Do you currently have a debit balance with any insurance company?
- No Yes Do you currently have an annualization balance with any insurance company?
- No Yes Do you currently owe debts to any governmental regulatory body, including the Internal Revenue Service?
- No Yes Do you have any outstanding judgments?
- No Yes Do you have any outstanding judgments related to your business practices?
- No Yes Are you aware of other matters that might affect your financial standing?

CHARACTER AND REPUTATION

- No Yes Have you ever been convicted of/or pled guilty, including deferred adjudication, to any state or federal felony charge?
- No Yes Are any felony charges currently pending against you?
- No Yes Have you been convicted of/or pled guilty to, including deferred adjudication, misdemeanor charges within the previous five years related to your business practices?
- No Yes Are any misdemeanor charges currently pending against you?
- No Yes Have funds been paid by a surety or bonding agency on your behalf within the previous ten years?
- No Yes Have you been convicted of/or pled guilty to, including deferred adjudication, any charge related to fraud?
- No Yes Are any charges related to fraud currently pending against you?
- No Yes Are you involved in any recent (two years or less), pending, or current litigation regarding your business practices?
- No Yes Are you involved in any other litigation?

Company Ethics Statement for Agents

PRINCIPLES OF ETHICAL MARKET CONDUCT

PRINCIPLE 1

Texas Life Insurance Company, its officers, and agents will conduct business according to the high standards of honesty and fairness and render that service to its customers which, in the same circumstances, it would apply to or demand for itself.

PRINCIPLE 2

Texas Life Insurance Company, its officers, and agents will provide competent and customer-focused sales and services.

PRINCIPLE 3

Texas Life Insurance Company, its officers, and agents will engage in active and fair competition and refrain from making disparaging comments about other insurers.

PRINCIPLE 4

Texas Life Insurance Company, its officers, and agents will provide advertising and sales material that are clear as to purpose and honest and fair as to content.

PRINCIPLE 5

Texas Life Insurance Company, its officers, and agents will provide fair and expeditious handling of customer complaints and disputes.

PRINCIPLE 6

Texas Life Insurance Company, its officers, and agents will maintain a system of supervision and review that is reasonably designed to achieve compliance with these Principles of Ethical Market Conduct.

If you have any questions about these Principles you may contact the Ethics and Compliance Officer or General Counsel for assistance.

AGENT’S DECLARATION AND AUTHORIZATION

I certify that the information provided in the Agent’s Business Background Summary and the Appointment Standards Questionnaire for Potential Distributors is complete and accurate and I agree to notify Texas Life of any changes in this information. I authorize Texas Life to contact the references, employers and insurance companies listed on this form and to investigate in any manner Texas Life deems advisable. I authorize any person or entity to give Texas Life any pertinent information the person or entity may have about my previous employment or me and release all persons and entities from liability for furnishing information to Texas Life. I further authorize Texas Life to release the information on this form or in Texas Life’s records to any party Texas Life determines, in its sole discretion, has a legitimate reason to receive this information.

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE SOCIAL SECURITY NUMBER (AND/OR TAX IDENTIFICATION NUMBER) SHOWN ON THIS FORM IS MY CORRECT TAXPAYER IDENTIFICATION NUMBER.

I acknowledge that I have read and comprehend the Principles stated in the COMPANY ETHICS STATEMENT FOR AGENTS, and I agree to comply with those principles when performing my duties on behalf of Texas Life Insurance Company. I understand that failure to comply with these Principles can result in disciplinary action and/or termination.

Signature of Applicant: _____ Date: ____/____/____

Fair Credit Reporting Act Authorization

In order to be considered for appointment, I authorize Texas Life Insurance Company to procure an investigative consumer report and/or a consumer report that may include information about my background, mode of living, character, general reputation, personal characteristics, and financial and credit history.

I understand that the information contained in these reports may be used by the Company for the purpose of determining my suitability for appointment, and that no information will be used in violation of any applicable Federal or state equal employment opportunity law or regulation. Additionally, I understand that upon written request I will be given a list of the areas which will be researched and included in the reports regarding my background.

I further understand that if the Company takes adverse action pursuant to the information contained in these reports that I have the right to obtain a copy of the report.

I have read and understand the attached summary of my rights under the 1997 Fair Credit Reporting Act.

This release, in original or copy form, is valid now or anytime in the future. I agree with all the provisions shown in this disclosure form and have been provided a copy of this document.

Signature of Applicant: _____ Date: ____/____/____

Please Read and Keep for Your Records

Company Ethics Statement for Agents
Principles of Ethical Market Conduct
A Summary of Your Rights Under the Fair Credit Reporting Act

Statement of Ethics and Market Conduct

COMPANY ETHICS STATEMENT FOR AGENTS

Texas Life Insurance Company is dedicated to providing our customers with the highest level of service and promoting honesty and integrity in the insurance marketplace. We express this commitment in our Company Beliefs:

Complete integrity is essential at all times to success in working with and through others.

When making a decision, it should be asked:

- Is it good for the policyholder and the public?
- Is it good for the personnel?
- Is it good for the company?

Texas Life Insurance Company, its Chief Executive Officer, and Senior Management are dedicated to these concepts of customer service and integrity in the insurance marketplace and officially adopt the following principles of ethical market conduct for Texas Life. We hope that you will study these principles carefully and incorporate them into your daily activities.

PRINCIPLES OF ETHICAL MARKET CONDUCT

PRINCIPLE 1

Texas Life Insurance Company, its officers, and agents will conduct business according to high standards of honesty and fairness and render that service to its customers which, in the same circumstances, it would apply to or demand for itself.

PRINCIPLE 2

Texas Life Insurance Company, its officers, and agents will provide competent and customer-focused sales and services.

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Texas Life Insurance Company, its officers, and agents will engage in active and fair competition and refrain from making disparaging comments about other insurers.

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Texas Life Insurance Company, its officers, and agents will provide fair and expeditious handling of customer complaints and disputes.

PRINCIPLE 6

Texas Life Insurance Company, its officers, and agents will maintain a system of supervision and review that is reasonably designed to achieve compliance with these Principles of Ethical Market Conduct.

Summary of Your Rights Under the Fair Credit Reporting Act

The Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you - such as where you work and live, if you pay your bills on time, and whether you've been sued, arrested, or filed for bankruptcy - to creditors, employers, and other businesses. The FCRA gives you specific rights in dealing with CRAs, and requires them to provide you with a summary of these rights as listed below. You can find the complete text for the FCRA, 15 U.S.C. 1681 et seq., at the Federal Trade Commission's web site (<http://www.ftc.gov>).

- You must be told if information in your files has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must give you the name, address, and phone number of the CRA that provides the report.
- You can find out what is in your file. A CRA must give you all the information in your file, and a list of everyone who has requested it recently. However, you are not entitled to a "risk score" or a "credit score" that is based on information in your file. There is no charge for the report if your application was denied because of information supplied by the CRA, and if you request the report within 60 days of receiving the denial notice. You are also entitled to one free report a year if you certify that (1) you are unemployed and plan to seek employment within 60 days (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you a fee of up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must reinvestigate the items (usually within 30 days) unless your dispute is frivolous. The CRA must pass along to its source all relevant information you provided. The CRA also must supply you with written results of the investigation and a copy of your report, if it has changed. If an item is altered or deleted because you dispute it, the CRA cannot place it back in your file unless the source of the information verifies its accuracy and completeness, and the CRA provides you a written notice that includes the name, address and phone number of the source.
- Inaccurate information must be deleted. A CRA must remove inaccurate information from its files, usually within 30 days after you dispute its accuracy. The largest credit bureaus must notify other national CRAs if items are altered or deleted. However, the CRA is not required to remove data from your file that is accurate unless it is outdated or cannot be verified.
- You can dispute inaccurate items with the source of information. If you tell anyone - such as a creditor who reports to a CRA - that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, they may not continue to report it if it is in fact an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies. Access to your file is limited. A CRA may provide information about you only to those who have a need recognized by the

FCRA - usually to consider an application you have submitted to a creditor, insurer, employer, landlord, or other business.

- Your consent is required for reports that are provided to employers or that contain medical information. A CRA may not report to your employer, or prospective employer, about you without your written consent. A CRA may not divulge medical information about you without your permission.
- You can stop a CRA from including you on lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call and tell the CRA if you want your name and address excluded from future lists or offers. If you notify the CRA through the toll-free number, it must keep you off the lists for two years. If you request and complete the CRA form provided for this purpose, you can have your name and address removed indefinitely.
- You may seek damages from violators. You may sue a CRA or other party in state or federal court for violations of the FCRA. If you win, the defendant may have to pay damages and reimburse you for attorney fees. If you lose and the court specifically finds you sued in bad faith, you or your attorneys may have to pay the defendant's fees.

You may have additional rights under state law. You may wish to contact a State or local consumer protection agency or a State Attorney General to learn those rights.

If you have any questions or believe your file contains errors, call our toll-free number.

The FCRA gives several different Federal agencies authority to enforce the FCRA:

CONTACTS FOR QUESTIONS OR CONCERNS

CRA's, creditors and others not listed below	Federal Trade Commission Bureau of Consumer Protection – FCRA Washington, DC 20580 ph 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 ph 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 ph 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 ph 800-842-6929
Federal Credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 ph 703-518-6360
Banks that are state-chartered, or are not Federal Reserve System members	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 ph 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board of Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 ph 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20205 ph 202-720-7051