

AMERICAN-AMICABLE GROUP OF COMPANIES
 American-Amicable Life Insurance Company of Texas
 IA American Life Insurance Company
 Occidental Life Insurance Company of North Carolina
 Pioneer American Insurance Company
 Pioneer Security Life Insurance Company

BUSINESS ENTITY ADDENDUM

Business Entity Name (as printed on insurance license): _____
(the "Agency")

Business Address: _____

Business Phone: _____ **E-mail Address:** _____

Federal Tax ID Number: _____ **Form of Business Entity:** _____

State of Incorporation/Formation: _____ **Date of Incorporation/Formation:** _____

AUTHORIZED REPRESENTATIVES:

Complete all information for current officers, owners and key personnel of the Agency (use extra pages if needed)
 (Note: person listed first is responsible for maintaining individual insurance license(s) associated with the Agency):

NAME (List Full Name)	LAST 4 DIGITS OF SSN	TITLE	DATE APPOINTED/ELECTED

By signing below, I agree as follows:

1. The above-listed officers, owners and key personnel ("Authorized Representatives") are authorized to act on behalf of the Agency in all dealings with the above-named insurance companies ("Company"). The Authorized Representatives have been properly appointed or elected to the titles stated opposite their names, and/or otherwise properly authorized to act as a representative of the Agency.
2. The Agency and/or the Authorized Representatives will notify the Company in writing of all changes applicable to the Agency's corporate structure, ownership and/or operation, *including but not limited to changes in the list of Authorized Representatives*, relevant license and registration information, and contact information.
3. The Agency and the Authorized Representatives are in compliance and will continue to comply with all federal, state or local laws, rules and regulations including, but not limited to, maintaining appropriate licenses and registrations, paying all required fees and taxes, and keeping records of transactions involving Company business.
4. The Agency is in compliance and will continue to comply with its articles of incorporation, articles of organization, limited liability agreement, operating agreement, by-laws, charters and/or any related corporate governance documents.

The undersigned agrees that the Company shall have no further duty to inquire into the status and/or condition of the Agency's business structure or the Authorized Representatives. The Company shall be fully protected in taking or permitting any action in reliance on any document, information, communication, notification or report provided by any of the Authorized Representatives on behalf of the Agency, and the Company shall not incur any liability for such action. The Agency and the undersigned hereby agree to indemnify, defend and hold harmless the Company and its affiliates against all liability for losses, costs, and expenses, including attorneys' fees, which the Company may incur as a result of actions taken or not taken as the result of any document, information, communication, notification or report provided by any of the Authorized Representatives, even if such Authorized Representative is no longer so authorized at the time, *unless* the Company was previously notified of a change in the list of Authorized Representatives under Section 2 above. Nothing in this Addendum will alter or modify the Agency Agreement except as expressly stated herein.

_____ (Signature)

Print: _____

Title: _____ Date: _____