

American General
Life Companies

NON RESIDENT APPOINTMENT FEES

As of 06/29/2009

STATE	REQUIRED FEE	ADDITIONAL REQUIREMENTS/COMMENTS
ALABAMA	\$30.00	
ALASKA	NONE	
ARIZONA	NONE	
ARKANSAS	\$60.00	Company (American General) must pay appointment fee
CALIFORNIA	\$24.00 (EFF 7/1/09 = \$23.00)	
COLORADO	NONE	
CONNECTICUT	\$20.00	
DELAWARE	\$25.00	
DISTRICT OF COLUMBIA	\$25.00	
FLORIDA	\$62.10 + \$6.60 per county fee = \$68.70 total (unless more than one county is needed)	Non-residents must be appointed in each county in which they personally solicit
GEORGIA	\$18.45 (EFF 7/1/09 = \$17.85)	
HAWAII	NONE	Non residents require FORM APPT (Rev June 2008) available at http://www.state.hi.us/dcca/ins/agent_licensing_forms.html
IDAHO	NONE	
ILLINOIS	NONE	
INDIANA	NONE	
IOWA	\$10.00	
KANSAS	\$5.00	
KENTUCKY	\$50 individual	\$120.00 for agencies
LOUISIANA	\$20.00 for LH	Additional \$20.00 for Variable
MAINE	\$70.00	
MARYLAND	NONE	
MASSACHUSETTS	\$75.00	
MICHIGAN	\$5.00	
MINNESOTA	\$10.00	
MISSISSIPPI	\$25.00	
MISSOURI	NONE	
MONTANA	NONE	
NEBRASKA	\$10.00	
NEVADA	\$15.00	
NEW HAMPSHIRE	\$25.00	
NEW JERSEY	\$25.00	
NEW MEXICO	\$23.00 for LH (EFF 6/30/09 = \$20.00 LH and an additional \$20.00 for variable)	
NEW YORK	NONE	American General Life does not currently appoint in NY
NORTH CAROLINA	\$10 Life, \$10 Health, \$10 Variable Lines	
NORTH DAKOTA	\$10 for Med Sup/LTC	
OHIO	\$20.00 for LH	Additional \$20 for Variable annuities.
OKLAHOMA	40.00 (EFF 7/1/09 = \$55.00)	
OREGON	NONE	
PENNSYLVANIA	\$15.00	
RHODE ISLAND	NONE	
SOUTH CAROLINA	\$40.00	Company must pay appointment fee. Agent cannot be charged.
SOUTH DAKOTA	\$20.00	
TENNESSEE	\$15.00	
TEXAS	\$10.00	
UTAH	NONE	
VERMONT	\$60.00	
VIRGINIA	\$12.00	
WASHINGTON	\$20.00	
WEST VIRGINIA	\$25.00	
WISCONSIN	\$24.00	
WYOMING	\$15.00	

Checks should be made payable to American General.
All fees listed are for appointment only; assumes the Agent has an active life license.
Fees are subject to change without notice.



Affluent Markets Group Contracting and Appointment Coversheet

From:

NESTEGG BUILDERS
GENERAL AGENT # G7156-0014

Name* _____

E-mail Address* amundell@nesteggbuilders.com

Phone Number 800.509.0661

Fax Number 866.593.0765

*Required fields: Please provide the name and e-mail address of the contact person who should receive e-mail notification of appointment confirmations and requests for additional information.

To: Houston Producer Services L&C Unit Fax 877-484-3142

Special Instructions MAIL ALL Policies and
Correspondence FOR AGENTS TO OUR OFFICE @
Nestegg Builders Corp
115 Park Circle Room 103
Centerport NY 11721

MAILING INSTRUCTIONS

Toll free fax:
877-484-3142

Overnight Address:
AIG American General L&C Dept.
2727-A Allen Parkway, 5-B4
Houston, TX 77019-2191

Mailing Address:
AIG American General L&C Dept.
P.O. Box 4543
Houston, TX 77210-4543

ENSURE EACH FORM IS FULLY COMPLETED
PLEASE WRITE LEGIBLY AND USE BLACK INK
PLEASE SUBMIT ALL FORMS AT THE SAME TIME



Affluent and Corporate Markets Group

MGA: COMPLETE AND SIGN THIS PAGE

1. A. Master General Agent Name: JP Advisors Corp

(NESTEGG Builders Corp G/A)

B. Agent/Corp. requesting appointment: _____

C. Mail commission checks/statements, new business policy and administrative correspondence to: (check one box)*

- Agent
- GA92/GA1
- Master General Agent

*Commission checks are made payable to the agent, unless an Assignment of Commissions form is submitted.

2. Place check next to each company for which appointment is requested and complete each section.

AGL: Hierarchy Structure and Override Share Arrangements

A. Check one box:

- Sharing first year and excess only
- Sharing first year, excess and renewals

B. Complete override hierarchy information below. The Agent "Comm. Level" of 55% represents the base Agent commission payable on the "Provider" series of products. It is used in the determination of the compensation hierarchy structure and not intended to represent the compensation payable on all product types. Refer to schedule A-1 for actual compensation payable.

	Comm. Level (must be in increments of 5%)	Override Agent (Include agent name and number) Name	Agent Number
Agent	55%		PENDING
Override Share	_____	_____	_____
Override Share	_____	_____	_____
Override Share	_____	_____	_____
GA92	_____	_____	_____
MGA	_____	_____	_____

NOTE: Overrides above the Agent level are shared in increments of 5%. Example: If Agent were to receive an additional 15% override, in excess of the base agent level of 55%, the Agent Override Commission Level would be shown as 70%. In this same example, a GA92 receiving override of 10%, would have a Comp Level of 80%.

USL: (A signed USL producer contract must accompany packet.)

A. USL General Agent Number 67156

B. Name/Agent number of GA1/GA2 (if applicable) 67156-00014

4. MGA/GA92 Signature: [Signature] Date: _____

By executing this application, the [Signature] mentioned recommends the applicant to American General Affiliates as a suitable person qualified to represent affiliates. The recommending representative or Master General Agent also agrees to supervise and assume responsibility for the applicant, if appointed by one or more American General Affiliates, in accordance with the terms of the representatives or Master General Agent's contract.



AGENT: COMPLETE AND SIGN THIS AGENT SECTION

Part 1: If an Individual contract is requested, complete this section: (For corporations, see Part 2)

Full Name: _____
Last Name First Name Middle Name

Social Security Number: _____

Business Address: _____
Address/Suite (No P.O. Boxes)

City/State/ZIP Code

Residence Address: _____
Address/Suite (No P.O. Boxes)

City/State/ZIP Code

Bus. Phone: (_____) _____ Home Phone: (_____) _____

Fax Number: (_____) _____

E-Mail Address: _____

Date of Birth: (month/day/year) _____ - _____ - _____ Sex: Male Female

Part 2: If a Corporation or Partnership contract is requested, complete this section:

Company Name: _____

Principal Name: _____

Company Tax Identification Number: _____ State of Incorporation: _____

Business Address: _____
Address/Suite (No P.O. Boxes)

City/State/ZIP Code

Bus. Phone: (_____) _____ Fax Number: (_____) _____

E-Mail Address: _____

Affluent and Corporate Markets Group

Part 3: Confidential History - must be completed by each applicant. Write **Y** for 'yes' and **N** for 'no.'
If yes, provide explanation. Answers are verified by a background investigation/credit report.

Y or N

- _____ 1. Have you ever been convicted of or plead guilty or no contest to a felony?
- _____ 2. Have you ever been convicted of or plead guilty or no contest to a misdemeanor?
- _____ 3. Are you currently under investigation by any legal or regulatory authority?
- _____ 4. Do you now owe money to any insurance company?
- _____ 5. Have you or a firm in which you were a partner, officer or director been declared bankrupt or been party to a bankruptcy or receivership proceeding?
- _____ 6. Have you had a salary garnished or had liens or judgements against you?
- _____ 7. Has any insurance department, government agency or self-regulatory authority ever denied, suspended, revoked, censured or barred your license or registration or disciplined you with fines or by restricting your activity?
- _____ 8. Have you ever been the subject of a consumer-initiated complaint?
- _____ 9. Have you ever been the subject of a proceeding by any self-regulatory body or any securities, commodities or insurance regulatory body or organization?
- _____ 10. Has a bonding company ever denied, paid out on or revoked a bond for you?
- _____ 11. Have you ever had a claim filed against your professional liability or Errors and Omissions insurance coverage?
- _____ 12. Has any insurance company or securities broker-dealer terminated your contract or permitted you to resign for a reason other than lack of sales?
- _____ 13. Have any of the American General Affiliates, as identified on the last page of this application, ever declined to appoint you, refused to contract you or terminated your contract?

Details of 'Yes' answers above. Provide date of occurrence, explanation, resolution and applicable court documents. (Insufficient information will result in processing delays. If necessary, use additional sheet.)



Part 4: License Information

A. Resident State: _____ Resident State License Number: _____

B. Do you wish to be appointed in any non-resident states? ___ Yes ___ No

1. If yes, attach non-resident fees and copies of each state license.

2. For Florida non-resident appointments, specify all counties in which you will be representing our company: _____

C. Do you wish to have a variable appointment? ___ Yes No

If yes, attach copy of U-4 Form/CRD.

D. If variable requested, provide Broker/Dealer name: N/A

Part 5: Errors and Omissions (E&O) Insurance Coverage

A. Name of Carrier: _____

B. Policy Number: _____

C. Name of Insured: _____

D. Coverage Amounts (include both per act and aggregate amounts):

Per Act:* \$ _____

Aggregate: \$ _____

* Minimum E&O coverage requirement is \$1 million per act.

E. Expiration Date (month/date/year): _____ - _____ - _____

By signing the Part 6 authorization, I certify that the information provided regarding my Errors and Omissions coverage is accurate and that my E&O policy extends coverage to the person or entity requesting contracting and appointment. I agree to provide a copy of the E&O policy, if requested. Further, I understand that I am responsible for maintaining at least \$1 million per act of Errors and Omissions coverage without interruption while my American General Life or affiliated company contract is active.



Assignment of Agent Contract

American General Life Insurance Company
Member of American International Group, Inc.

For value received, _____, an agent under an Agent Contract, (or its successor as defined by the company) with the company named in the CONSENT TO ASSIGNMENT below ("American General Life") and hereinafter called Assignor, assigns Assignor's Agent Contract ("Contract") in its entirety to NESTLECO BUILDERS CORP. hereinafter called Assignee. This Assignment removes from Assignor any and all rights, privileges, duties, and obligations under the Contract and places them with Assignee as if the Contract had been originally executed by Assignee. It is expressly understood among the parties to this Assignment that American General Life reserves the right to offset any indebtedness now or in the future owed to it by Assignee against amounts payable to Assignee under the Contract.

Assignee, under the terms of this Assignment, has received full power and authority, for Assignee's own benefit and conduct of business, all rights, privileges, duties and obligations as fully as if Assignee were the original party to the Contract: provided, however, that no transfer of Assignee's rights hereunder, whether voluntary, involuntary, or by operation of law, shall be binding upon American General Life (AGL) until actual written notice of such transfer has been received by it.

Executed this _____ day of _____.

X
ASSIGNOR - AGENT

Witness [Signature]

ASSIGNEE AGREEMENT

Assignee has received the assignment of the Agent Contract ("Contract") executed between Assignor and American General Life named in the CONSENT TO ASSIGNMENT below ("American General Life"). In exchange for AGL's consent to the assignment, Assignee agrees as follows:

- 1. Assignor shall be the sole individual who may produce business under the Contract;
2. Assignor and Assignee agree that Assignor is entitled to receive payment of any and all non qualified deferred compensation benefits which may be payable as a result of production under the Contract, and Assignee has no present or future right to such compensation;
3. Assignee is the holder of all rights, privileges, duties, and obligations under the Contract. All commissions payable under the Contract after the effective date of this Assignment shall be paid to Assignee and will be reported to Assignee's Tax Identification Number unless Assignee and Assignor give written instructions for taxes to be reported to Assignor.
4. Assignee shall assure that Assignor produces business in a manner compatible with the terms of the Contract. The Contract may be terminated for acts of Assignor or Assignee in violation of the Contract; and
5. AGL is authorized to enroll Assignor in AGL's sponsored errors and omissions program, if available, and to deduct from earnings due Assignee under the assigned Contract, premiums necessary to enroll Assignor in such program.

Executed this _____ day of _____

ASSIGNEE: _____
By: _____

ASSIGNEE: SSN or Tax ID _____
Title: _____

CONSENT TO ASSIGNMENT

American General Life hereby consents to the foregoing assignment, subject to the terms, provisions and conditions above stated or referred to.

Executed this _____ day of _____.

AMERICAN GENERAL LIFE INSURANCE COMPANY

By: _____ Title: _____