TRUSTMARK INSURANCE COMPANY
400 FIELD DRIVE, LAKE FOREST, IL 60045-2581

WORKSITE SPECIALIST/PRODUCER
ADVANCE COMMISSION SUPPLEMENT

Group Name: _____   Group Number: _____

This Supplement forms a part of the Worksite Specialist (WS)/Producer Agreement between WS/Producer and Trustmark.

1. Commissions will be advanced on the case indicated above as follows:

    a. _____% of annualized commissions applicable to the first policy year upon submission, or

        _____% of annualized commissions applicable to the first policy year upon issuance, or

        _____% of annualized commissions applicable to the first policy year upon receipt by the
        Company of the first premium payment; or

    b. $_____ flat advance based on budgeted enrollment expenses.

2. Annualized commissions applicable to the first policy year will be calculated on the lesser of the Commissionable Premium as defined in the WS/Producer Agreement and the Initial Planned Annual Premium indicated in the policy Schedule.

3. Advances will be given only to those producers who have been approved by Trustmark.

4. Chargeback of advances:

    a. The advance will be charged back against all commissions earned from this group of policies until repaid. If repayment of the advance does not occur within the first policy year, the remaining balance of this advance will be charged against the earned commission account of the WS/Producer.

    b. Policies cancelled under the "free look" option will have all advances charged back immediately.

    c. Terminated producers will have all outstanding advances charged back immediately.

5. The WS/Producer is personally and corporately responsible on both a joint and several basis for all debit balances. In addition, the WS/Producer is responsible for all debit balances of their producers in the agency/company receiving advance commissions.

6. Trustmark reserves the right to modify, amend or terminate this Supplement at any time. Such a change would not affect outstanding advances.

Accepted:

_____
WS/Producer Signature

_____
Print WS/Producer Name

_____
Agency No.

TRUSTMARK INSURANCE COMPANY

By: _____

Effective Date: _____