

F00000006797

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brooke Corporation
(Name of corporation - must include suffix)

Dear Sir or Madam:

900003485009--0
-12/04/00--01110--003
*****78.75 *****78.75

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",
"Certificate of Existence", and check are submitted to register the above referenced foreign corporation
to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Leland G Orr
(Name of Person)
Brooke Corporation
(Firm/Company)
205 F St PO Box 426
(Address)
Phillipsburg KS 67661
(City/State and Zip code)

For further information concerning this matter, please call:

Leland G. Orr at (785) 543-3199 Ext. 323
(Name of Person) (Area Code & Daytime Telephone Number)

00 DEC -4 PM 2:08
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name	STREET ADDRESS:
Availability	Registration Section
	Division of Corporations
Document	409 E. Gaines St.
Examiner	Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Updater Enclosed in check for the following amount:

Updater	<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy
Verifier	DCC			
Acknowledgement	DCC			
P. Verifier	DCC			

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Brooke Corporation
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. KS 3. 48-1009756
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1-22-86 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 205 F St., Phillipsburg, KS 67661
(Principal office address)
PO Box 426, Phillipsburg, KS 67661
(Current mailing address)
8. insurance sales and financial services
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: CT Corporation System
Office Address: 1200 S Pine Island Rd
Plantation, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Barbara A Burke

(Registered agent's signature)

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: see attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Leland G. Orr Secretary/Treasurer
(Typed or printed name and capacity of person signing application)

BROOKE CORPORATION

OFFICERS AND DIRECTORS:

<u>Name</u>	<u>Address</u>	<u>Title</u>
Robert D. Orr	Rt. 2 Box 53, Smith Center, KS 66967	CEO, Director
Michael S. Hess	516 S Grant, Smith Center, KS 66967	President, Director
Leland G. Orr	501 Berglund Drive, Phillipsburg, KS 67661	Secretary/Treasurer, Director
Anita F. Larson	627 Louisiana, Lawrence, KS 66044	Vice President/General Counsel

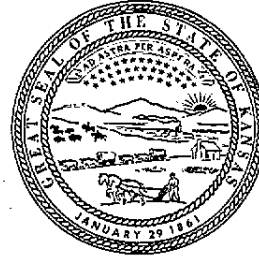
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF KANSAS

OFFICE OF
SECRETARY OF STATE
RON THORNBURGH



To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to corporations and that I am the proper official to execute this certificate.

I FURTHER CERTIFY THAT

BROOKE CORPORATION

is a regularly and properly organized corporation under the laws of the state of KANSAS, having been incorporated in Kansas on the 22nd day of January, A.D. 1986 and has paid all fees and franchise taxes due this office and is in good standing according to the records now file in the office of Secretary of State.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

In testimony whereof:
I hereto set my hand and cause
to be affixed my official seal.
Done at the City of Topeka, this
16th day of October, A.D. 2000



RON THORNBURGH
SECRETARY OF STATE