

F00000006798

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brooke Life and Health, Inc
(Name of corporation - must include suffix)

Dear Sir or Madam:

100003485011--4
-12/04/00--01110--005
*****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

(Name of Person)

at (785) 543-6669

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

Name Availability	STREET ADDRESS:
Document Examiner	Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399
Updater	Enclosed ^{DCC} is a check for the following amount:
Updater Verifier	<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
Acknowledgement	DCC
W. P. Verifier	DCC

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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 Life and Health Inc.
(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. 48-1065317
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2-16-89 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. 10895 Grandview Dr., Bldg. 24, Ste. 250, Overland Park, KS 66210
(Principal office address)
PO Box 412008 Kansas City, MO 64141-2008
(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.

BABARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Barbara A Burke

(Registered agent's signature)

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: _____

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 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)

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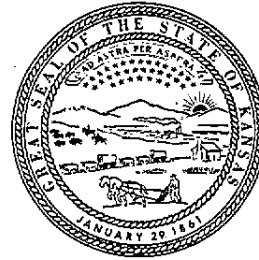
BROOKE LIFE AND HEALTH, INC. OFFICERS:

NAME	SS#	TITLE	HOME ADDRESS	BUSINESS ADDRESS
Anita F. Larson	513-62-7291	President, General Counsel	627 Louisiana St., Lawrence, KS 66044	10895 Grandview Dr., Bldg. 24, Ste. 250, Overland Park, KS 66210
Michael S. Hess	509-60-6509	Director, Vice-President	516 S Grant, Smith Center, KS 66967	205 F St., Phillipsburg, KS 67661
Robert D. Orr	509-54-0238	Director, CEO	R#2 Box 53, Smith Center, KS 66967	205 F St., Phillipsburg, KS 67661
Leland G. Orr	515-68-4480	Director, Secretary/Treasurer	501 Berglund Dr., Phillipsburg, KS 67661	205 F St., Phillipsburg, KS 67661

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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 LIFE AND HEALTH, INC.

is a regularly and properly organized corporation under the laws of the state of KANSAS, having been incorporated in Kansas on the 17th day of February, A.D. 1989 and has paid all fees and franchise taxes due this office and is in good standing according to the records now on file in the office of Secretary of State.

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

RON THORNBURGH
SECRETARY OF STATE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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