2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03-17-2003 90107 036 ***150.00

FILED

DOCUMENT # F00000006798

03 APR -8 PM 12:12

1. Entity Name

BROOKE LIFE AND HEALTH, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
10895 GRANDVIEW DR., BLDG 24, STE 250 OVERLAND PARK KS 66210	P.O. BOX 412008 KANSAS CITY MO 64141-2008

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 48-1065317 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~FRISCIA, MICHELLE~~ Please see attached ~~101 FEDERAL PLACE, SUITE 101~~ ~~TARPON SPRINGS FL 34689~~	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ ~~LARSON, ANITA F~~ Please see ~~627 LOUISIANA ST.~~ attached. ~~LAWRENCE KS 66044~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ ~~HESS, MICHAEL S~~ ~~516 S GRANT~~ ~~SMITH CENTER KS 66967~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~CD~~ ~~ORR, ROBERT D~~ ~~RT #2 BOX 53~~ ~~SMITH CENTER KS 66967~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~STD~~ ~~ORR, LELAND G~~ ~~501 BERGLUND DR~~ ~~PHILLIPSBURG KS 67661~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ ~~WINCHESTER, TIM~~ ~~15232 UTLOOK~~ ~~OVERLAND PARK KS 66223~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3-12-03 913-661-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006798

1. Entity Name
BROOKE LIFE AND HEALTH, INC.

Principal Place of Business
10895 GRANDVIEW DR., BLDG 24, STE 250
OVERLAND PARK KS 66210

Mailing Address
P.O. BOX 412008
KANSAS CITY MO 64141-2008

[redacted]

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State | City & State

4. FEI Number 46-1065317 ☐ Applied For ☐ Not Applicable

Zip | Country | Zip | Country

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRISCIA, MICHELLE
101 FEDERAL PLACE, SUITE 101
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name: C T Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd.
City: Plantation FL Zip Code: 33324

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: John J. Linnihan, Asst. VP DATE: February 13, 2003
Signature required or printed name of registered agent and title if applicable. (Typed registered agent signature required when retyping)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $6.00 May Be Added to Fees

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LARSON, ANITA F	NAME	
STREET ADDRESS	627 LOUISIANA ST.	STREET ADDRESS	
CITY-ST-ZIP	LAWRENCE KS 66044	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HESS, MICHAEL S	NAME	
STREET ADDRESS	516 S GRANT	STREET ADDRESS	
CITY-ST-ZIP	SMITH CENTER KS 66967	CITY-ST-ZIP	
TITLE	CD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ORR, ROBERT D	NAME	
STREET ADDRESS	RT #2 BOX 53	STREET ADDRESS	
CITY-ST-ZIP	SMITH CENTER KS 66967	CITY-ST-ZIP	
TITLE	STD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ORR, LELAND G	NAME	
STREET ADDRESS	501 BERGLUND DR	STREET ADDRESS	
CITY-ST-ZIP	PHILLIPSBURG KS 67661	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WINCHESTER, TIM	NAME	
STREET ADDRESS	15232 UTLOOK	STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS 66223	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

02/03/2003 15:05 [redacted]

000240 AT

CR2E053 (10/02)

Attachment #

80055965
F00000006798

BROOKE LIFE AND HEALTH, INC.

OFFICERS AND DIRECTORS

Name	Office/Title	Residence Address
Shawn Lowry	Director, President	10895 Grandview Dr., Bldg 24, Suite 250, Overland Park, Kansas 66210
Dane Devlin	Director, Vice-President	10895 Grandview Dr., Bldg 24, Suite 250, Overland Park, Kansas 66210
Timothy Winchester	Vice-President/Treasurer	10875 Benson Dr., Suite 110 Overland Park, Kansas 66210
Lisa Gaughan	Vice-President/Treasurer	10875 Benson Dr., Suite 110 Overland Park, Kansas 66210