First Life America

Corporation -

1505 SW First American Place • Topeka, KS 66604 • (785) 267-7077 • Fax (785) 267-7079

May 17, 2002

Registration Section **Division of Corporations** PO Box 6327 Tallahassee, FL 32314

Re: First Life America Corporation

FEIN: 74-2843158

Dear Registration Section:

0000<u>05</u>577300-05/21/02--01058--012 *****87.50 *****87.50

Enclosed is our "Application by Foreign Corporation for Authorization to Transact Business in Florida", including the Transmittal Letter, Application, check for \$87.50, and Certificate of Existence.

For Item 12 I've added an Addendum showing the names and business addresses of all Board Members and Company Officers.

The certified form from the Kansas Secretary of State is Kansas' version of a "Certificate of Existence" or "Certificate of Good Standing."

Please process our application as soon as possible, as First Life is filing for a Certificate of Authority to transact insurance business in Florida.

If you have any questions, please let me know.

Sincerely,

Chris Kimery,

First Life America Corporation

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.	First Life America Corporation							
	(Name of corporation; must include the word "INCORPORA words or abbreviations of like import in language as will clean natural person or partnership if not so contained in the name	arly	indicate that it i					
2.	Kansas	3.	NA					
	(State or country under the law of which it is incorporated)	:	(FEI number, if applicable)					
4.	7/15/97	5.	perpetu	al				
	(Date of incorporation)		(Duration: Yea	ar corp. will cease t	o exist c	or "perpe	tual")	_
6.	Upon Qualification							
	(Date first transacted business in Florida. If corporation has a (SEE SECTIONS 607.15				rt "upon	qualific	ation.")
7.	1303 SW First American Place, Topel	ka,	KS 66604			下光	=	
	(Principal office a	ıddı	ress)			SS.	2	
	Same					Y O		_[
	(Current mailing a	ıddı	ress)			FSTA	10 th Md	
8.	Life Insurance Sales & Service			- 22			91	_
	(Purpose(s) of corporation authorized in home state or	r co	untry to be carrie	ed out in state of Fl	orida)			
9.	. Name and <u>street address</u> of Florida registered agen	ıt:	(P.O. Box or N	Aail Drop Box <u>N</u>	OT acc	eptable)	•	
	Name: Jack Whitson							
o	Office Address: 100 S. Mulrennan Road							
	Valrico		, Florida	33549	.=			
	(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.

(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.

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

A. DIRECTORS						
Chairman: See attached Addend	um					
Address:						
Vice Chairman:						
Address:						
Director:						
Address:						
Director:						
Address:						
B. OFFICERS		~ 1				
President: See attached Adden	dum	02 SECI				
Address:		SSE 2 F				
		FR P D				
Vice President:						
Address:		O4 DA				
Secretary:						
Address:						
Treasurer:						
Address:						
NOTE: If necessary, you may attach an	addendum to the application listing additional	l officers and/or directors.				
13. Sallo W. Jan						
	Vice Chairman, or any officer listed in number					
l'T.	nelly, Vice President & Secretar					
(Typed or printed	d name and capacity of person signing applica	ation)				

Addendum to item #12: Names and business addresses of officers and/or directors:

A. Directors

Chairman:

Michael N. Fink

Address:

1303 SW First American Place, Topeka, KS 66604

Director:

Danny Biggs

Address:

1303 SW First American Place, Topeka, KS 66604

Director:

Paul Burke

Address:

1303 SW First American Place, Topeka, KS 66604

Director:

Edward C. Carter

Address:

1303 SW First American Place, Topeka, KS 66604

Director:

Kenneth Frahm

Address:

1303 SW First American Place, Topeka, KS 66604

Director: Address: John Hadi

1303 SW First American Place, Topeka, KS 66604

Director:

Steve Irsik, Jr.

Address:

1303 SW First American Place, Topeka, KS 66604

Director:

John G. Montgomery

Address:

1303 SW First American Place, Topeka, KS 66604

Director:

Harland E. Priddle

Address:

1303 SW First American Place, Topeka, KS 66604

Director:

Gary E. Yager

Address:

1303 SW First American Place, Topeka, KS 66604

B. Officers:

President & CEO

Rick D. Meyer

Address:

1303 SW First American Place, Topeka, KS 66604

Vice President:

Phillip M. Donnelly

Address:

1303 SW First American Place, Topeka, KS 66604

Secretary / Treasurer

Phillip M. Donnelly

Address:

1303 SW First American Place, Topeka, KS 66604

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 Kansas insurance corporations and that I am the proper official to execute this certificate.

I FURTHER CERTIFY that FIRST LIFE AMERICA CORPORATION is a regularly and properly organized insurance corporation under the laws of the state of Kansas, having been incorporated in Kansas on the 15th day of July, A.D., 1997.

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 May, A.D., 2002



RON THORNBURGH SECRETARY OF STATE