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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

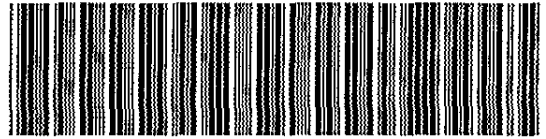
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lenders Mutual Benefit Association, Inc.
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Janet Christoffersen
(Name of Person)

Lenders Mutual Benefit Association
(Firm/Company)

1212 N. 96th Street
(Address)

Omaha, NE 68114
(City/State and Zip Code)

RECEIVED
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Janet Christoffersen at (402) 399-3467
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

LMBA

Lenders Mutual
Benefit Association

February 10, 2003

State of Florida
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Application for Authority to Conduct Business for a Non-Profit Foreign Corporation

To Who It May Concern:

Enclosed is the information required to register Lenders Mutual Benefit Association as non-profit foreign corporation in Florida.

Lenders Mutual Benefit Association was formed and incorporated in the State of Nebraska on May 31, 2002. Members of the Association will be lenders who are permitted to provide debt cancellation products to their borrowers. Their principal place of business is: 1212 N. 96th Street, Omaha, NE 68114.

The following information is enclosed:

1. Application for Authority to Conduct Business
2. Resolution of the Board of Directors adopting the assumed name
3. Certification from the Nebraska Secretary of State's Office

Thank you for your attention. Should you have any questions or require any additional information do not hesitate to contact me.

Sincerely,



Janet Christoffersen

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SECTION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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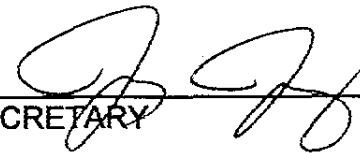
LENDERS MUTUAL BENEFIT ASSOCIATION

**CERTIFICATION OF
CORPORATE RESOLUTION**

The undersigned Secretary of Lenders Mutual Benefit Assurance hereby certifies that the following is a true and correct copy of a Resolution unanimously adopted by said Directors, at a special meeting of the Board of Directors held at Omaha, Nebraska, on December 13, 2002; that the undersigned has custody of the minute book of said Company; and that said Resolution is in full force and effect at the date of this certificate:

RESOLVED, that the company shall adopt the name "Lenders Mutual Benefit Association, Inc." for use in those states requiring that an association operating within the state have as part of its company name the word "Incorporated" or "Inc." and shall do business as "Lenders Mutual Benefit Association, Inc." in said states.

IN WITNESS WHEREOF, I have caused this certification to be executed and the Corporate Seal of Lenders Mutual Benefit Association to be affixed at Omaha, Nebraska, 12/17, 2002.



SECRETARY

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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(SEAL)

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Lenders Mutual Benefit Association, Inc.
(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Nebraska 3. 33-1010166
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5-31-02 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Pending Application Approval
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
7. 1212 N. 96th Street Omaha, NE 68114
(Principal office address)
Same as above
(Current mailing address)
8. To arrange protection for its members against liability exposure.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: THOMAS Osgood

Office Address: 2674 Running Springs Loop

Oveido, Florida 32765
(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.

SECRET
TALLAHASSEE
FLORIDA
03 FEB 16 10 05
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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Richard T. Kizer - Director and Officer, Chairman of the Board

Address: 1212 N. 96th Street

Omaha, NE 68114

Vice Chairman:

Address:

Director: Dennis P. Hogan

Address: 10050 Regency Circle, Suite 200

Omaha, NE 68114-3773

Director: Jeffrey R. Schmid

Address: American National Bank - 8990 W. Dodge Road,

Omaha, NE 68114

B. OFFICERS

President: T. Edward Kizer

Address: 1212 N. 96th Street

Omaha, NE 68114

Vice President:

Address:

Secretary: Jeffrey J. Wanning

Address: 1212 N. 96th Street, Omaha, NE 68114

Treasurer: Jeffrey J. Wanning

Address: 1212 N. 96th Street, Omaha, NE 68114

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

13. *T. Edward Kizer*
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. T. Edward Kizer President
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUL 13 11 41 AM '05

FILED

STATE OF

NEBRASKA



United States of America, }
State of Nebraska } ss.

Department of State
Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

LENDERS MUTUAL BENEFIT ASSOCIATION

was duly incorporated under the laws of this state on May 31, 2002 and do further certify that no biennial fees assessed are unpaid and no biennial reports are delinquent; articles of dissolution have not been filed and said corporation is in existence as of the date of this certificate.

In Testimony Whereof,

I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on February 5, in the year of our Lord, two thousand three.

John A. Gale

SECRETARY OF STATE

