

F980000000748

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: H+R Block Insurance Services, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

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:

Barbara Phillips
(Name of Person)

H+R Block
(Firm/Company)

4400 Main Street
(Address)

Kansas City, MO 64111
(City/State/Zip)

UPS Shipping
bill enclosed
for overnight
return of
docs.

\$70.00 reg-fee
85 Cent of Hush

Should you need to call someone concerning this matter, please call:

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*****78.75 *****78.75

BARBARA Phillips
(Name of Person)

at (816) 932-4949
(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

6 AM 8:33

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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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:*

- 98 FEB -6 AM 8:33
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1. H&R Block Insurance Services, 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. Delaware
(State or country under the law of which it is incorporated)
 3. applied for
(FEI number, if applicable)
 4. 1/28/98
(Date of Incorporation)
 5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")
 6. upon qualification
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
 7. 4400 Main Street

Kansas City, MO 64111

- (Current mailing address)
- To become licensed & qualified to transact business of Insurance in Florida as an Insurance Company, through licensed agents, in accordance
8. with the rules of the Florida Dept. of Insurance and any and all
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
 - activities related or incidental thereto.
 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

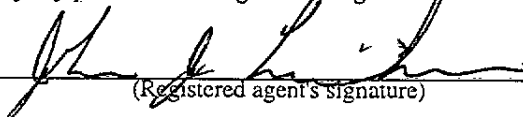
Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324
(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 addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Frank L. Salizzoni

Address: 4400 Main Street, Kansas City, MO 64111

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: SEE ATTACHED SHEET

Address: _____

Vice President: _____

Address: _____

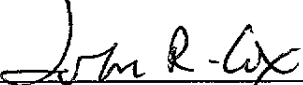
Secretary: _____

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. John R. Cox - Secretary
(Typed or printed name and capacity of person signing application)

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H&R BLOCK INSURANCE SERVICES, INC.

OFFICERS

Frank L. Salizzoni	President, Chief Executive Officer	4400 Main Street, Kansas City, MO 64111
Ozzie Wenich	Senior Vice President, Chief Financial Officer & Treasurer	4400 Main Street, Kansas City, MO 64111
Kristine Rodgers	Vice President, Chief Operating Officer	4400 Main Street, Kansas City, MO 64111
Michelle Crozier	Assistant Vice President	4400 Main Street, Kansas City, MO 64111
John R. Cox	Secretary	4400 Main Street, Kansas City, MO 64111

DIRECTORS

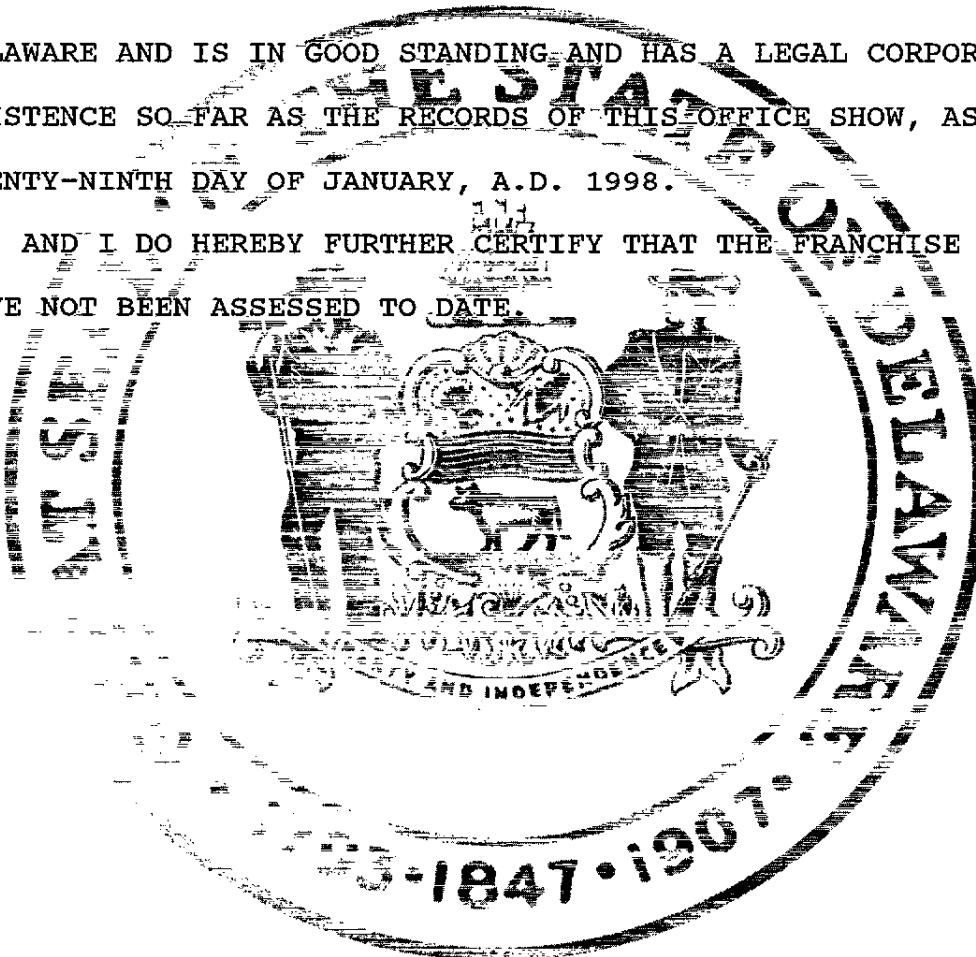
Frank L. Salizzoni	President, Chief Executive Officer	4400 Main Street, Kansas City, MO 64111
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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "H & R BLOCK INSURANCE SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF JANUARY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Edward J. Freel

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

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