

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000002686

Entity Name: BROOKE USA, INC.**Current Principal Place of Business:**2333 ALEXANDRIA DRIVE
LEXINGTON, KY 40504**Current Mailing Address:**2333 ALEXANDRIA DRIVE
LEXINGTON, KY 40504 US**FEI Number: 33-1173163****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARQUEZ-DULIN, EMILY
11342 NW 69TH STREET
DORAL, FL 33178 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :****Title** CHAIRMAN OF THE
BOARD/PRESIDENT**Name** JONES, DAVID DR**Address** 1688 SYLVAN WAY**City-State-Zip:** ASHEBORO NC 27205**Title** CHIEF EXECUTIVE OFFICER**Name** MARQUEZ-DULLIN, EMILY**Address** 11342 NW 69TH STREET**City-State-Zip:** DORAL FL 33178**Title** PAID PREPARER**Name** TOLER, KAYLA**Address** 1959 PALOMAR OAKS WAY
SUITE 300**City-State-Zip:** CARLSBAD CA 92011**Title** VICE CHAIRMAN OF THE BORAD**Name** NICHOLSON, JOHN**Address** 112 SHINNECOCK HILL ROAD**City-State-Zip:** GEORGETOWN KY 40324**Title** CHIEF FINANCIAL OFFICER**Name** LEAL, LORRAINE**Address** 2333 ALEXANDRIA DRIVE**City-State-Zip:** LEXINGTON KY 40504

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LORRAINE LEAL**CFO****04/08/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date