

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 853350

1. Corporation Name

LUTHERAN BROTHERHOOD VARIABLE INSURANCE PRODUCTS
COMPANY

Principal Place of Business
625 FOURTH AVENUE, SOUTH
MINNEAPOLIS MN 55415

Mailing Address
625 FOURTH AVENUE, SOUTH
MINNEAPOLIS MN 55415

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90168 007 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1982

4. FEI Number

41-1437943

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF THE STATE OF FL
STATE CAPITOL
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME STEWART, DAVID K.
STREET ADDRESS 625 4TH AVE SO
CITY-ST-ZIP MINNEAPOLIS MN ☐ DELETE

TITLE
NAME VD REICHWALD, WILLIAM H
STREET ADDRESS 625 4TH AVE S.
CITY-ST-ZIP MINNEAPOLIS MN ☒ DELETE

TITLE
NAME VS LARSON, DAVID J
STREET ADDRESS 625 4TH AVE S
CITY-ST-ZIP MINNEAPOLIS MN ☒ DELETE

TITLE
NAME D NICHOLSON, BRUCE J.
STREET ADDRESS 625 4TH AVE S.
CITY-ST-ZIP MINNEAPOLIS MN ☐ DELETE

TITLE
NAME DPC GANDRUD, ROBERT P
STREET ADDRESS 625 4TH AVE S
CITY-ST-ZIP MINNEAPOLIS MN ☐ DELETE

TITLE
NAME V HILBERT, OTIS F.
STREET ADDRESS 625 4TH AVE S.
CITY-ST-ZIP MINNEAPOLIS MN ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/V
1.2 NAME Angstadt, David W.
1.3 STREET ADDRESS 625 Fourth Avenue South
1.4 CITY-ST-ZIP Minneapolis, MN 55415 ☐ Change ☒ Addition

2.1 TITLE D/V
2.2 NAME Bjelland, Rolf F.
2.3 STREET ADDRESS 625 Fourth Avenue South
2.4 CITY-ST-ZIP Minneapolis, MN 55415 ☐ Change ☒ Addition

3.1 TITLE D/V
3.2 NAME Martin, Jennifer H.
3.3 STREET ADDRESS 625 Fourth Avenue South
3.4 CITY-ST-ZIP Minneapolis, MN 55415 ☐ Change ☒ Addition

4.1 TITLE D/V
4.2 NAME Sourdiff, Jerald E.
4.3 STREET ADDRESS 625 Fourth Avenue South
4.4 CITY-ST-ZIP Minneapolis, MN 55415 ☐ Change ☒ Addition

5.1 TITLE V
5.2 NAME Boushek, Randall L.
5.3 STREET ADDRESS 625 Fourth Avenue South
5.4 CITY-ST-ZIP Minneapolis, MN 55415 ☐ Change ☒ Addition

6.1 TITLE V
6.2 NAME Christianson, David J.
6.3 STREET ADDRESS 625 Fourth Avenue South
6.4 CITY-ST-ZIP Minneapolis, MN 55415 ☐ Change ☒ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

OTIS F. HILBERT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hilbert, Vice President 1/15/98 612-340-7000

Date

Daytime Phone #

CR2E034 (1/98)

149970-90168-7
853350

Lutheran Brotherhood Variable Insurance Products Company
1999 Corporation Annual Report (continued)

Block 12. Officers and Directors (Additions)

<u>Name</u>	<u>Title</u>	<u>Address, City, State, Zip</u>
David J. Larson	V/S/D	625 Fourth Avenue South, Minneapolis, MN 55415
James R. Olson	V	625 Fourth Avenue South, Minneapolis, MN 55415
Susan Oberman Smith	V	625 Fourth Avenue South, Minneapolis, MN 55415
Richard B. Ruckdashel	V	625 Fourth Avenue South, Minneapolis, MN 55415
James M. Walline	V	625 Fourth Avenue South, Minneapolis, MN 55415

#23640