2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State
01-21-2000 90091 027 ***158.75

DOCUMENT # 853350

1. Entity Name

LUTHERAN BROTHERHOOD VARIABLE INSURANCE PRODUCTS

Principal Place of Business	Mailing Address
625 FOURTH AVENUE. SOUTH MINNEAPOLIS MN 55415	625 FOURTH AVENUE. SOUTH MINNEAPOLIS MN 55415-1624

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 41-1437943 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STEWART, DAVID K. 625 4TH AVE SO MINNEAPOLIS MN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/V Sourdiff, Jerald E. 625 Fourth Avenue South Minneapolis, MN 55415	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BJELLAND, ROLF F 625 4TH AVE S. MINNEAPOLIS MN 55415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/V Angstadt, David W. 625 Fourth Avenue South Minneapolis, MN 55415	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MARTIN, JENNIFER H. 625 FOURTH AVE. SOUTH MINNEAPOLIS MN 55415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Martin, Jennifer H. 625 Fourth Avenue South Minneapolis, MN 55415	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICHOLSON, BRUCE J. 625 4TH AVE S. MINNEAPOLIS MN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/D/P Nicholson, Bruce J. 625 Fourth Avenue South Minneapolis, MN 55415	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPC GANDRUD, ROBERT P 625 4TH AVE S MINNEAPOLIS MN	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/V Boushek, Randall L. 625 Fourth Avenue South Minneapolis, MN 55415	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HILBERT, OTIS F. 625 4TH AVE S. MINNEAPOLIS MN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Christianson, David J. 625 Fourth Avenue South Minneapolis, MN 55415	☐ Change ☒ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Otis F. Hilbert, Vice President 1/11/2000 612-340-7215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #