

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

**FILED**  
**May 14 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 853350 (7)**

1. Corporation Name  
**LUTHERAN BROTHERHOOD VARIABLE INSURANCE PRODUCTS COMPANY**

Principal Place of Business <b>625 FOURTH AVENUE. SOUTH                  MINNEAPOLIS MN 55415</b>	Mailing Address <b>625 FOURTH AVENUE. SOUTH                  MINNEAPOLIS MN 55415</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/02/1982</b>	
21	22	26	27	4. FEI Number <b>41-1437843</b>	Applied For Not Applicable
23		28		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>BJELLAND, ROLF F.</b>	
STREET ADDRESS	<b>625 4TH AVE S</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>REICHWALD, WILLIAM H</b>	
STREET ADDRESS	<b>625 4TH AVE S.</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN</b>	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	<b>LARSON, DAVID J</b>	
STREET ADDRESS	<b>625 4TH AVE S</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>NICHOLSON, BRUCE J.</b>	
STREET ADDRESS	<b>625 4TH AVE S.</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN</b>	
TITLE	DPC	<input type="checkbox"/> DELETE
NAME	<b>GANDRUD, ROBERT P</b>	
STREET ADDRESS	<b>625 4TH AVE S</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>HILBERT, OTIS F.</b>	
STREET ADDRESS	<b>625 4TH AVE S.</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>DAVID K. STEWART</b>	
2.3 STREET ADDRESS	<b>625 4TH AVE. SO.</b>	
2.4 CITY-ST-ZIP	<b>MINNEAPOLIS, MN</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 on an attachment with an address.

SIGNATURE \_\_\_\_\_ **Otis F. Hilbert, Vice President 4/29/98 612-340-7000**

CR2E034 (10/97)