

# 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

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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	<input type="checkbox"/> Delete
T	STEWART, DAVID K.	625 4TH AVE SO	MINNEAPOLIS MN	<input type="checkbox"/>
VD	BJELLAND, ROLF F	625 4TH AVE S.	MINNEAPOLIS MN 55415	<input type="checkbox"/>
DV	MARTIN, JENNIFER H.	625 FOURTH AVE. SOUTH	MINNEAPOLIS MN 55415	<input type="checkbox"/>
D	NICHOLSON, BRUCE J.	625 4TH AVE S.	MINNEAPOLIS MN	<input type="checkbox"/>
DPC	GANDRUD, ROBERT P	625 4TH AVE S	MINNEAPOLIS MN	<input checked="" type="checkbox"/>
V	HILBERT, OTIS F.	625 4TH AVE S.	MINNEAPOLIS MN	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D/V	Sourdiff, Jerald E.	625 Fourth Avenue South	Minneapolis, MN 55415	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D/V	Angstadt, David W.	625 Fourth Avenue South	Minneapolis, MN 55415	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Martin, Jennifer H.	625 Fourth Avenue South	Minneapolis, MN 55415	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C/D/P	Nicholson, Bruce J.	625 Fourth Avenue South	Minneapolis, MN 55415	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/V	Boushek, Randall L.	625 Fourth Avenue South	Minneapolis, MN 55415	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	Christianson, David J.	625 Fourth Avenue South	Minneapolis, MN 55415	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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*  
**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 #