

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90018 030 \*\*\*158.75

**DOCUMENT # 853350**

1. Entity Name

**LUTHERAN BROTHERHOOD VARIABLE INSURANCE PRODUCTS**

Principal Place of Business

**625 FOURTH AVENUE, SOUTH  
MINNEAPOLIS MN 55415**

Mailing Address

**625 FOURTH AVENUE, SOUTH  
MINNEAPOLIS MN 55415**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

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, 2001 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

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>STEWART, DAVID K.</b>	
STREET ADDRESS	<b>625 4TH AVE SO</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BJELLAND, ROLF F</b>	
STREET ADDRESS	<b>625 4TH AVE S.</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55415</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARTIN, JENNIFER H</b>	
STREET ADDRESS	<b>625 FOURTH AVE. SOUTH</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55415</b>	
TITLE	<b>CDP</b>	<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	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HILBERT, OTIS F.</b>	
STREET ADDRESS	<b>625 4TH AVE S.</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D/V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Angstadt, David W.</b>	
STREET ADDRESS	<b>625 Fourth Avenue South</b>	
CITY-ST-ZIP	<b>Minneapolis, MN 55415</b>	
TITLE	<b>D/V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Boushek, Randall L.</b>	
STREET ADDRESS	<b>625 Fourth Avenue South</b>	
CITY-ST-ZIP	<b>Minneapolis, MN 55415</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Christianson, David J.</b>	
STREET ADDRESS	<b>625 Fourth Avenue South</b>	
CITY-ST-ZIP	<b>Minneapolis, MN 55415</b>	
TITLE	<b>C/P/CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Nicholson, Bruce J.</b>	
STREET ADDRESS	<b>625 Fourth Avenue South</b>	
CITY-ST-ZIP	<b>Minneapolis, MN 55415</b>	
TITLE	<b>D/V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Loken, Michael E.</b>	
STREET ADDRESS	<b>625 Fourth Avenue South</b>	
CITY-ST-ZIP	<b>Minneapolis, MN 55415</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kleven, Richard J.</b>	
STREET ADDRESS	<b>625 Fourth Avenue South</b>	
CITY-ST-ZIP	<b>Minneapolis, MN 55415</b>	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Richard J. Kleven, Vice President**

Date

**2/7/01**

Daytime Phone #

**612-340-7216**

CR2E034 (10/00)

803350 Attachments  
9/9/71

**Lutheran Brotherhood Variable Insurance Products Company**  
**2001 Uniform Business Report (continued)**

**Block 11. Officers and Directors (Additions)**

<u>Name</u>	<u>Title</u>	<u>Address, City, State, Zip</u>
Susan Oberman Smith	V	625 Fourth Avenue South, Minneapolis, MN 55415
Jerald E. Sourdiff	D/V	625 Fourth Avenue South, Minneapolis, MN 55415
James R. Olson	D/V	625 Fourth Avenue South, Minneapolis, MN 55415
Richard B. Ruckdashel	V	625 Fourth Avenue South, Minneapolis, MN 55415
Mark O. Swenson	V	625 Fourth Avenue South, Minneapolis, MN 55415
Daniel G. Walseth	D/V/S	625 Fourth Avenue South, Minneapolis, MN 55415