

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90054 040 \*\*\*158.75

0303059 AT

**DOCUMENT # 853350**  
 1. Entity Name  
**LUTHERAN BROTHERHOOD VARIABLE INSURANCE PRODUCTS COMPANY**

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



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      Applied For  
**41-1437943**      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 \_\_\_\_\_ (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, 2002 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>DV</b>	<input type="checkbox"/> Delete
NAME	<b>BOUSHEK, RANDALL L</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>CEOP</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 55415</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>LOKEN, MICHAEL E</b>	
STREET ADDRESS	<b>625 4TH AVE S.</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55415</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>Lawrence W. Stranghoener</b>	
STREET ADDRESS	<b>625 Fourth Avenue South</b>	
CITY-ST-ZIP	<b>Minneapolis, MN 55415</b>	
TITLE	<b>D V as</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>James A. Thomsen</b>	
STREET ADDRESS	<b>625 Fourth Avenue South</b>	
CITY-ST-ZIP	<b>Minneapolis, MN 55415</b>	
TITLE	<b>D V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jennifer H. Martin</b>	
STREET ADDRESS	<b>625 Fourth Avenue South</b>	
CITY-ST-ZIP	<b>Minneapolis, MN 55415</b>	
TITLE	<b>CEO P Chairman</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bruce J. Nicholson</b>	
STREET ADDRESS	<b>625 Fourth Avenue South</b>	
CITY-ST-ZIP	<b>Minneapolis, MN 55415</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Michael E. Loken</b>	
STREET ADDRESS	<b>625 Fourth Avenue South</b>	
CITY-ST-ZIP	<b>Minneapolis, MN 55415</b>	
TITLE	<b>D V S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Daniel G. Walseth</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: Richard J. Kleven      Richard J. Kleven, Vice President      1/29/02      612-340-7216  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)

ATTACHMENT

DOC# 853350

412511

**Lutheran Brotherhood Variable Insurance Products Company**  
*2002 Uniform Business Report (continued)*

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

<u>Name</u>	<u>Title</u>	<u>Address, City, State, Zip</u>
David J. Christianson	V	625 Fourth Avenue South, Minneapolis, MN 55415
Richard J. Kleven	V	625 Fourth Avenue South, Minneapolis, MN 55415
Susan Oberman Smith	V	625 Fourth Avenue South, Minneapolis, MN 55415
James R. Olson	V	625 Fourth Avenue South, Minneapolis, MN 55415
Richard B. Ruckdashel	V	625 Fourth Avenue South, Minneapolis, MN 55415
Lynnette J. Stertz	V	625 Fourth Avenue South, Minneapolis, MN 55415
Mark O. Swenson	V	625 Fourth Avenue South, Minneapolis, MN 55415