

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004320

1. Entity Name  
**SUNSET LIFE INSURANCE COMPANY OF AMERICA**

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90074 046 \*\*\*150.00

Principal Place of Business <b>3520 BROADWAY KANSAS CITY MO 64121-9532</b>	Mailing Address <b>3520 BROADWAY KANSAS CITY MO 64111-2502</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address <b>P O Box 219532</b>		4. FEI Number <b>91-0431975</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State <b>Kansas City, MO</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip <b>64121-9532</b>	Country		

6. Name and Address of Current Registered Agent <b>COMMISSIONER OF INSURANCE FLORIDA DEPARTMENT OF INSURANCE 200 E. GAINES ST. THIRD FLOOR TALLAHASSEE FL 32399-0327</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>IC</b> <b>BIXBY, WALTER EDWIN</b> <b>3520 BROADWAY</b> <b>KANSAS CITY MO 64111</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>Robert P Bixby</b> <b>3520 Broadway</b> <b>Kansas City, MO 64111</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JENSEN, DARYL DEAN</b> <b>2143 OLD PORT DRIVE</b> <b>OLYMPIA WA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEMERY, FRANCIS PATTON</b> <b>3520 BROADWAY</b> <b>KANSAS CITY MO 64121-9532</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Mark A Milton</b> <b>3520 Broadway</b> <b>Kansas City, MO 64111</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DUFFY, CHARLES R JR.</b> <b>3520 BROADWAY</b> <b>KANSAS CITY MO 64121-9532</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HENSLEY, PAUL WAYNE</b> <b>3520 BROADWAY</b> <b>KANSAS CITY MO 64121-9532</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MALACARNE, CLAUDE JOHN</b> <b>3520 BROADWAY</b> <b>KANSAS CITY MO 64121-9532</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 my address, with all other like empowered.

SIGNATURE: C John Malacarne 4/4/00 816-753-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)