

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-10-2000 90074 046 ***150.00

DOCUMENT # F99000004320

1. Entity Name
SUNSET LIFE INSURANCE COMPANY OF AMERICA

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

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

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| 6. Name and Address of Current Registered Agent COMMISSIONER OF INSURANCE FLORIDA DEPARTMENT OF INSURANCE 200 E. GAINES ST. THIRD FLOOR TALLAHASSEE FL 32399-0327 | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____ |
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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)

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | IC BIXBY, WALTER EDWIN 3520 BROADWAY KANSAS CITY MO 64111 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D Robert P Bixby 3520 Broadway Kansas City, MO 64111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JENSEN, DARYL DEAN 2143 OLD PORT DRIVE OLYMPIA WA <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 | D LEMERY, FRANCIS PATTON 3520 BROADWAY KANSAS CITY MO 64121-9532 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Mark A Milton 3520 Broadway Kansas City, MO 64111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUFFY, CHARLES R JR. 3520 BROADWAY KANSAS CITY MO 64121-9532 <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 | V HENSLEY, PAUL WAYNE 3520 BROADWAY KANSAS CITY MO 64121-9532 <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 | S MALACARNE, CLAUDE JOHN 3520 BROADWAY KANSAS CITY MO 64121-9532 <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)