FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 15, 2002 8:00 am Secrétary of State F99000004320 DOCUMENT # 1. Entity Name 07-15-2002 90184 034 ***550.00 SUNSET LIFE INSURANCE COMPANY OF AMERICA Mailing Address Principal Place of Business B0128187 P O BOX 219532 3520 BROADWAY KANSAS CITY MO 64121-9532 KANSAS CITY MO 64121-9532 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 91-0431975 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COMMISSIONER OF INSURANCE Street Address (P.O. Box Number is Not Acceptable) FLORIDA DEPARTMENT OF INSURANCE 200 E. GAINES ST. THIRD FLOOR Zip Code TALLAHASSEE FL 32399-0327 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition PD Delete TITLE TITLE NAME NAME BIXBY, ROBERT P STREET ADDRESS STREET ADDRESS 3520 BROADWAY CITY-ST-ZIP CITY-ST-ZIP KANSAS CITY MO 64111 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME JENSEN, DARYL DEAN NAME STREET ADDRESS STREET ADDRESS 2143 OLD PORT DRIVE CITY-ST-ZIP CITY-ST-ZIP OLYMPIA WA ☐ Addition ☐ Change ☐ Delete TITLE--TITLE ر بي سيور جيدي . NAME NAME MILTON, MARK A STREET ADDRESS STREET ADDRESS 3520 BROADWAY CITY-ST-ZIP CITY-ST-7IP KANSAS CITY MO 64121-9532 Addition Change ☐ Delete TITLE NAME DUFFY, CHARLES R JR. NAME STREET ADDRESS STREET ADDRESS 3520 BROADWAY CITY-ST-ZIP KANSAS CITY MO 64121-9532 CITY-ST-ZIP Change Addition TITI F ☐ Delete TITLE NAME NAME HENSLEY, PAUL WAYNE STREET ADDRESS STREET ADDRESS 3520 BROADWAY CITY-ST-ZIP KANSAS CITY MO 64121-9532 CITY-ST-ZIP ☐ Change X Addition **Delete** TITLE TITUE MALACARNE, CLAUDE JOHN NAME Aldrich, James F. NAME

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.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

3520 BROADWAY

3520 Broadway

816-753-7000