


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-03-2004 90013 028 ***150.00
F99000004320

DOCUMENT # F99000004320
1. Entity Name
SUNSET LIFE INSURANCE COMPANY OF AMERICA



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 11 AM 8:00



MOORE CR2E034 (11/03) *MRS*

Principal Place of Business: 3520 BROADWAY, KANSAS CITY MO 64121-9532
Mailing Address: P O BOX 219532, KANSAS CITY MO 64121-9532

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: 91-0431975
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE FL 32399-0000

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when registering.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: BIXBY, ROBERT P STREET ADDRESS: 3520 BROADWAY CITY-ST-ZIP: KANSAS CITY MO 64111	<input type="checkbox"/> Delete
TITLE: D NAME: JENSEN, DARYL DEAN STREET ADDRESS: 2143 OLD PORT DRIVE CITY-ST-ZIP: OLYMPIA WA	<input type="checkbox"/> Delete
TITLE: D NAME: MILTON, MARK A STREET ADDRESS: 3520 BROADWAY CITY-ST-ZIP: KANSAS CITY MO 64121-9532	<input type="checkbox"/> Delete
TITLE: D NAME: DUFFY, CHARLES R JR. STREET ADDRESS: 3520 BROADWAY CITY-ST-ZIP: KANSAS CITY MO 64121-9532	<input type="checkbox"/> Delete
TITLE: V NAME: HENSLEY, PAUL WAYNE STREET ADDRESS: 3520 BROADWAY CITY-ST-ZIP: KANSAS CITY MO 64121-9532	<input checked="" type="checkbox"/> Delete
TITLE: SD NAME: ALDRICH, JAMES F STREET ADDRESS: 3520 BROADWAY CITY-ST-ZIP: KANSAS CITY MO 64121-9532	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: Laird, David A STREET ADDRESS: 3520 Broadway CITY-ST-ZIP: Kansas City, MO 64111-2565	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James F Aldrich* 2/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #