


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2005 08:00 AM
Secretary of State

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



Principal Place of Business
 3520 BROADWAY
 KANSAS CITY, MO 64121-9532

Mailing Address
 P O BOX 219532
 KANSAS CITY, MO 64121-9532

DO NOT WRITE IN THIS SPACE



02242005 No Chg-P CR2E034 (10/03)

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

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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. 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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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
TITLE	D
NAME	JENSEN, DARYL DEAN
STREET ADDRESS	2143 OLD PORT DRIVE
CITY-ST-ZIP	OLYMPIA, WA
TITLE	D
NAME	MILTON, MARK A
STREET ADDRESS	3520 BROADWAY
CITY-ST-ZIP	KANSAS CITY, MO 641219532
TITLE	D
NAME	DUFFY, CHARLES R JR.
STREET ADDRESS	3520 BROADWAY
CITY-ST-ZIP	KANSAS CITY, MO 641219532
TITLE	V
NAME	LAIRD, DAVID A
STREET ADDRESS	3520 BROADWAY
CITY-ST-ZIP	KANSAS CITY, MO 641219532
TITLE	SD
NAME	ALDRICH, JAMES F
STREET ADDRESS	3520 BROADWAY
CITY-ST-ZIP	KANSAS CITY, MO 641219532

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 03/21/05-80001-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 James F. Aldrich 3/15/05 816-753-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #