


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90016 049 \*\*\*150.00

**DOCUMENT # F99000004320**

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



Principal Place of Business      Mailing Address  
**3520 BROADWAY**      **P O BOX 219532**  
**KANSAS CITY, MO 64111-2565 US**      **KANSAS CITY, MO 64121-9532 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



01092007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**91-0431975**      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 (02314-0200)~~  
**200 E. GAINES ST**  
**TALLAHASSEE, FL 32399-0000**

**7. Name and Address of New Registered Agent**

Name **CHIEF FINANCIAL OFFICER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**200 E GAINES ST**  
 City **TALLAHASSEE**      **FL**      Zip Code **32399**

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, 2007 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	<input type="checkbox"/> Delete
NAME	BIXBY, ROBERT P	
STREET ADDRESS	3520 BROADWAY	
CITY-ST-ZIP	KANSAS CITY, MO 641112565	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENSEN, DARYL D	
STREET ADDRESS	2143 OLD PORT DRIVE	
CITY-ST-ZIP	OLYMPIA, WA	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILTON, MARK A	
STREET ADDRESS	3520 BROADWAY	
CITY-ST-ZIP	KANSAS CITY, MO 641112565	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUFFY, CHARLES R JR.	
STREET ADDRESS	3520 BROADWAY	
CITY-ST-ZIP	KANSAS CITY, MO 641112565	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAIRD, DAVID A	
STREET ADDRESS	3520 BROADWAY	
CITY-ST-ZIP	KANSAS CITY, MO 641112565	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALDRICH, JAMES F	
STREET ADDRESS	3520 BROADWAY	
CITY-ST-ZIP	KANSAS CITY, MO 641112565	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *David A. Laird*      **DAVID A LAIRD**      1-15-07      816-253-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #