

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004320

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: SUNSET LIFE INSURANCE COMPANY OF AMERICA

## Current Principal Place of Business:

3520 BROADWAY  
KANSAS CITY, MO 641112565 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 219532  
KANSAS CITY, MO 641219532 US

## New Mailing Address:

FEI Number: 91-0431975

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BIXBY, ROBERT P  
Address: 3520 BROADWAY  
City-St-Zip: KANSAS CITY, MO 641112565 US

Title: D ( ) Delete  
Name: JENSEN, DARYL D  
Address: 2143 OLD PORT DRIVE  
City-St-Zip: OLYMPIA, WA

Title: D ( ) Delete  
Name: MILTON, MARK A  
Address: 3520 BROADWAY  
City-St-Zip: KANSAS CITY, MO 641112565 US

Title: D ( ) Delete  
Name: DUFFY, CHARLES R JR.  
Address: 3520 BROADWAY  
City-St-Zip: KANSAS CITY, MO 641112565 US

Title: V ( ) Delete  
Name: LAIRD, DAVID A  
Address: 3520 BROADWAY  
City-St-Zip: KANSAS CITY, MO 641112565 US

Title: SD ( ) Delete  
Name: ALDRICH, JAMES F  
Address: 3520 BROADWAY  
City-St-Zip: KANSAS CITY, MO 641112565 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A LAIRD

VP

03/19/2009

Electronic Signature of Signing Officer or Director

Date