

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90938 005 ***150.00

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 91-0431975

Applied For
Not Applicable

Zip Country
64111-2565

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COMMISSIONER OF INSURANCE
FLORIDA DEPARTMENT OF INSURANCE
200 E. GAINES ST. THIRD FLOOR
TALLAHASSEE FL 32399-0327

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	PD BIXBY, ROBERT P 3520 BROADWAY KANSAS CITY MO 64111	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D JENSEN, DARYL DEAN 2143 OLD PORT DRIVE OLYMPIA WA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D MILTON, MARK A 3520 BROADWAY KANSAS CITY MO 64121-9532	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D DUFFY, CHARLES R JR. 3520 BROADWAY KANSAS CITY MO 64121-9532	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	V HENSLEY, PAUL WAYNE 3520 BROADWAY KANSAS CITY MO 64121-9532	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	SD ALDRICH, JAMES F 3520 BROADWAY KANSAS CITY MO 64121-9532	<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* James F Aldrich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

816-753-7000

Date Daytime Phone #

CFR2E034 (10/02)