

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000004320

**FILED**  
**Jan 15, 2020**  
**Secretary of State**  
**3248507178CC**

**Entity Name:** SUNSET LIFE INSURANCE COMPANY OF AMERICA

**Current Principal Place of Business:**

3520 BROADWAY  
KANSAS CITY, MO 64111-2565

**Current Mailing Address:**

P O BOX 219139  
KANSAS CITY, MO 64121-9139 US

**FEI Number:** 91-0431975

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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

**Officer/Director Detail :**

Title           DIRECTOR  
Name           BIXBY, ROBERT P  
Address        3520 BROADWAY  
City-State-Zip: KANSAS CITY MO 64111-2565

Title           D  
Name           BIXBY, WALTER E  
Address        3520 BROADWAY  
City-State-Zip: KANSAS CITY MO 64111-2565

Title           D  
Name           MILTON, MARK A  
Address        3520 BROADWAY  
City-State-Zip: KANSAS CITY MO 64111-2565

Title           V  
Name           LAIRD, DAVID A  
Address        3520 BROADWAY  
City-State-Zip: KANSAS CITY MO 64111-2565

Title           CORRESPONDING SECRETARY  
Name           HARVISON, SCOTT E  
Address        3520 BROADWAY  
City-State-Zip: KANSAS CITY MO 64111-2565

*I hereby 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 all other like empowered.*

**SIGNATURE:** DAVID A. LAIRD

VP

01/15/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date