

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004320

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: Yes

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 PD
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 D
Name ROPP, RICHARD D
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 SD
Name HARVIOSN, 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

VICE PRESIDENT

03/01/2016

Electronic Signature of Signing Officer/Director Detail

Date