

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 828685 (8)

1. Corporation Name  
**PYRAMID LIFE INSURANCE COMPANY**



Principal Place of Business: 6201 JOHNSON DRIVE SHAWNEE MISSION KS 66202  
Mailing Address: 6201 JOHNSON DRIVE SHAWNEE MISSION KS 66202

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/20/1972</b>	3a. Date of Last Report <b>02/08/1995</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.			4. FEI Number <b>48-0557726</b>	Applied For Not Applicable
22. City & State	27. City & State			5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country			6. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>INSURANCE COMMISSIONER-607.034 (2) CAPITAL BLDG. TALLAHASSEE FL</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	<b>FL</b>	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEROME, J.V.	1.2 NAME	
STREET ADDRESS	6201 JOHNSON DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SHAWNEE MISSION KS	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUVINEN, THOMAS R.	2.2 NAME	
STREET ADDRESS	6201 JOHNSON DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SHAWNEE MISSION KS	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIELSEN, MARK A.	3.2 NAME	
STREET ADDRESS	6201 JOHNSON DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SHAWNEE MISSION KS	3.4 CITY-ST-ZIP	
TITLE	VSC	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, M. KEITH	4.2 NAME	
STREET ADDRESS	6201 JOHNSON DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SHAWNEE MISSION KS	4.4 CITY-ST-ZIP	
TITLE	VTD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, HERBERT L.	5.2 NAME	
STREET ADDRESS	6201 JOHNSON DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SHAWNEE MISSION KS	5.4 CITY-ST-ZIP	
TITLE	CD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIE, RICHARD CARL	6.2 NAME	
STREET ADDRESS	6201 JOHNSON DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SHAWNEE MISSION KS	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 1/29/96 (913) 722-1110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)