


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Jan 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 828685 (8)
1. Corporation Name
PYRAMID LIFE INSURANCE COMPANY



Principal Place of Business 6201 JOHNSON DRIVE SHAWNEE MISSION KS 66202 Mission, Kansas 66202	Mailing Address 6201 JOHNSON DRIVE P. O. Box 772 SHAWNEE MISSION KS 66202 66201
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/20/1972	
21	22	26	27	4. FEI Number 48-0557726	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		Zip	
Country		Country		Country	

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEROME, J.V.	1.2 NAME	Donald G. Southwell
STREET ADDRESS	6201 JOHNSON DRIVE	1.3 STREET ADDRESS	6201 Johnson Drive
CITY-ST-ZIP	SHAWNEE MISSION KS	1.4 CITY-ST-ZIP	Shawnee Mission, Kansas 66202
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLINGSLEY, MARK EDWARD	2.2 NAME	
STREET ADDRESS	6201 JOHNSON DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SHAWNEE MISSION KS	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIELSEN, MARK A.	3.2 NAME	Mark A. Nielsen
STREET ADDRESS	6201 JOHNSON DRIVE	3.3 STREET ADDRESS	6201 Johnson Drive
CITY-ST-ZIP	SHAWNEE MISSION KS	3.4 CITY-ST-ZIP	Shawnee Mission, Kansas 66202
TITLE	VSC <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIE, RICHARD CARL	6.2 NAME	Richard Carl Vie
STREET ADDRESS	6201 JOHNSON DRIVE	6.3 STREET ADDRESS	6201 Johnson Drive
CITY-ST-ZIP	SHAWNEE MISSION KS	6.4 CITY-ST-ZIP	Shawnee Mission, Kansas 66202

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 if changed, or on an attachment with an address.

SIGNATURE: *Richard Carl Vie* **REQUIRED** 1/5/98 (913) 722-1110

CR2E034 (10/97)