


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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90088 032 ***150.00

0630139

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

DOCUMENT # 828685

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
---------------------------------------------------------------------------------------	---------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/20/1972	
21		26		4. FEI Number 48-0557726	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOUTHWELL, DONALD G			1.2 NAME			
STREET ADDRESS	6201 JOHNSON DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	SHAWNEE MISSION KS 66202			1.4 CITY-ST-ZIP			
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	PD	<input type="checkbox"/> DELETE		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 66202			3.4 CITY-ST-ZIP			
TITLE	VSC	<input type="checkbox"/> DELETE		4.1 TITLE	VS	<input checked="" 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	D	<input type="checkbox"/> DELETE		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 66202			6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

(913) 722-1110

Date Daytime Phone #

CR2E034 (1/198)