

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90062 027 ***150.00

0588550

DOCUMENT # 828685
 1. Entity 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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 48-0557726	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER-607.034 (2)
CAPITAL BLDG.
TALLAHASSEE FL

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SOUTHWELL, DONALD G <input type="checkbox"/> Delete 6201 JOHNSON DRIVE SHAWNEE MISSION KS 66202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BILLINGSLEY, MARK EDWARD <input type="checkbox"/> Delete 6201 JOHNSON DRIVE SHAWNEE MISSION KS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NIELSEN, MARK A <input type="checkbox"/> Delete 6201 JOHNSON DRIVE SHAWNEE MISSION KS 66202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HAWKINS, M. KEITH <input type="checkbox"/> Delete 6201 JOHNSON DRIVE SHAWNEE MISSION KS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SCHMIDT, HERBERT L. <input type="checkbox"/> Delete 6201 JOHNSON DRIVE SHAWNEE MISSION KS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete VIE, RICHARD CARL 6201 JOHNSON DRIVE SHAWNEE MISSION KS 66202

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Andrew A. Boemi 6201 Johnson Drive Shawnee Mission, KS 66202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michael A. Cavataio 6201 Johnson Drive Shawnee Mission, KS 66202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark A. Nielsen **Mark A. Nielsen** **January 4, 2001** **(913) 722-1110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)