


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90060 031 \*\*\*150.00

|   |  |   |   |
|---|--|---|---|
| <b>DOCUMENT # 828685</b>  |  |    |   |
| 1. Entity Name<br><b>PYRAMID LIFE INSURANCE COMPANY</b>   |  |   |   |
| Principal Place of Business<br><b>6201 JOHNSON DRIVE<br/>SHAWNEE MISSION, KS 66202</b>  |  | Mailing Address<br><b>6201 JOHNSON DRIVE<br/>SHAWNEE MISSION, KS 66202</b>  |   |
| 2. Principal Place of Business<br><b>555 Kansas Ave,<br/>Suite, Apt. #, etc.<br/>Suite 301</b>  |  | 3. Mailing Address<br><b>600 Courtland St.<br/>Suite, Apt. #, etc.</b>  |   |
| City & State<br><b>Topeka, Kansas</b>   |  | City & State<br><b>Orlando, FL</b>  |   |
| Zip<br><b>66203</b>   | Country<br><b>USA</b>  | Zip<br><b>32804</b>   | Country<br><b>USA</b>   |
| 6. Name and Address of Current Registered Agent<br><b>CHIEF FINANCIAL OFFICER<br/>P.O BOX 6200 (32314-6200)<br/>200 E. GAINES ST<br/>TALLAHASSEE, FL 32399-0000</b>   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.   |  |   |   |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees               |   |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>BOEMI, ANDREW A</b><br><b>6201 JOHNSON DRIVE</b><br><b>SHAWNEE MISSION, KS 66202</b> <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P D</b><br><b>Richard A. Barasch</b><br><b>6 International Dr., Ste 190</b><br><b>Rye Brook, NY 10573</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VD</b><br><b>BILLINGSLEY, MARK EDWARD</b><br><b>6201 JOHNSON DRIVE</b><br><b>SHAWNEE MISSION, KS</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>S SVP D GC</b><br><b>Michael A. Colliflower</b><br><b>600 Courtland St.</b><br><b>Orlando, FL 32804</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PD</b><br><b>NIELSEN, MARK A</b><br><b>6201 JOHNSON DRIVE</b><br><b>SHAWNEE MISSION, KS 66202</b> <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>T SVP D</b><br><b>Donald M. Gray</b><br><b>600 Courtland St.</b><br><b>Orlando, FL 32804</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>CAVATAIO, MICHAEL A</b><br><b>6201 JOHNSON DRIVE</b><br><b>SHAWNEE MISSION, KS 66202</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>EVP D</b><br><b>Gary W. Bryant</b><br><b>600 Courtland St.</b><br><b>Orlando, FL 32804</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VTD</b><br><b>SCHMIDT, HERBERT L.</b><br><b>6201 JOHNSON DRIVE</b><br><b>SHAWNEE MISSION, KS</b> <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VP</b><br><b>Carl Cochran</b><br><b>600 Courtland St.</b><br><b>Orlando, FL 32804</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>VIE, RICHARD CARL</b><br><b>6201 JOHNSON DRIVE</b><br><b>SHAWNEE MISSION, KS 66202</b> <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>AS</b><br><b>Janice Baker</b><br><b>600 Courtland St.</b><br><b>Orlando, FL 32804</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                     |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |   |   |
| SIGNATURE: <u>Janice Baker</u>  |  | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |
|   |  | Date: <u>11/9/04</u> Daytime Phone #: <u>407-628-1776, 2084</u>   |   |