


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90010 049 ***150.00

DOCUMENT # 828685			
1. Entity Name PYRAMID LIFE INSURANCE COMPANY			
Principal Place of Business 1001 HEATHROW PARK LANE SUITE 5001 LAKE MARY, FL 32746		Mailing Address PO BOX 958465 LAKE MARY, FL 32795-8465	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <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 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARASCH, RICHARD A	NAME	
STREET ADDRESS	6 INTERNATIONAL DR., STE 190	STREET ADDRESS	
CITY-ST-ZIP	RYE BROOKE, NY 10573	CITY-ST-ZIP	
TITLE	SV <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLFLOWER, MICHAEL A	NAME	
STREET ADDRESS	600 COURTLAND ST6	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32804	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	D T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, DONALD M	NAME	Gray, Donald M
STREET ADDRESS	600 COURTLAND ST	STREET ADDRESS	1001 Heathrow Pk Ln, - Ste 5001
CITY-ST-ZIP	ORLANDO, FL 32804	CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	EV <input type="checkbox"/> Delete	TITLE	EV D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, GARY W	NAME	Bryant, Gary W
STREET ADDRESS	600 COURTLAND ST	STREET ADDRESS	1001 Heathrow Pk Ln - Ste 5001
CITY-ST-ZIP	ORLANDO, FL 32804	CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COACHRANE, CARL	NAME	Cochrane, Carl
STREET ADDRESS	600 COURTLAND ST	STREET ADDRESS	1001 Heathrow Pk Ln - Ste 5001
CITY-ST-ZIP	ORLANDO, FL 32804	CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	AS <input type="checkbox"/> Delete	TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, JANICE	NAME	Baker, Janice
STREET ADDRESS	600 COURTLAND ST	STREET ADDRESS	1001 Heathrow Pk Ln - Ste 5001
CITY-ST-ZIP	ORLANDO, FL 32804	CITY-ST-ZIP	Lake Mary, FL 32746
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Janice Baker</i>		Date: 1/11/06 Daytime Phone #: 407-995-8000, 8684	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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4. FEI Number 48-0557726 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required