

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90064 002 ***150.00

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

48-0557726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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, 2002 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 **CD** ☒ Delete
NAME **SOUTHWELL, DONALD G**
STREET ADDRESS **6201 JOHNSON DRIVE**
CITY-ST-ZIP **SHAWNEE MISSION KS 66202**

TITLE **VD** ☐ Delete
NAME **BILLINGSLEY, MARK EDWARD**
STREET ADDRESS **6201 JOHNSON DRIVE**
CITY-ST-ZIP **SHAWNEE MISSION KS**

TITLE **PD** ☐ Delete
NAME **NIELSEN, MARK A**
STREET ADDRESS **6201 JOHNSON DRIVE**
CITY-ST-ZIP **SHAWNEE MISSION KS 66202**

TITLE **VS** ☒ Delete
NAME **HAWKINS, M. KEITH**
STREET ADDRESS **6201 JOHNSON DRIVE**
CITY-ST-ZIP **SHAWNEE MISSION KS**

TITLE **VTD** ☐ Delete
NAME **SCHMIDT, HERBERT L.**
STREET ADDRESS **6201 JOHNSON DRIVE**
CITY-ST-ZIP **SHAWNEE MISSION KS**

TITLE **D** ☒ Delete
NAME **VIE, RICHARD CARL**
STREET ADDRESS **6201 JOHNSON DRIVE**
CITY-ST-ZIP **SHAWNEE MISSION KS 66202**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Andrew A. Boemi**
STREET ADDRESS **6201 Johnson Drive**
CITY-ST-ZIP **Shawnee Mission, KS 66202**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **Michael A. Cavataio**
STREET ADDRESS **6201 Johnson Drive**
CITY-ST-ZIP **Shawnee Mission, KS 66202**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark A. Nielsen

01/08/02

(913) 722-1110

Date

Daytime Phone #

CR2E034 (9/01)