

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 828685

**Entity Name:** PYRAMID LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

1001 HEATHROW PARK LANE  
SUITE 5001  
LAKE MARY, FL 32746

**Current Mailing Address:**

PO BOX 958465  
LAKE MARY, FL 32795-8465

**FEI Number:** 48-0557726

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            SEC  
Name            CARLTON, STEVE  
Address        1001 HEATHROW PK LN STE 5001  
City-State-Zip: LAKE MARY FL 32746

Title            VP  
Name            COCHRANE, CARL  
Address        1001 HEATHROW PK LN STE 5001  
City-State-Zip: LAKE MARY FL 32746

Title            DCFO  
Name            CANNONE, RICHARD M  
Address        1001 HEATHROW PARK LANE, SUITE  
                  5001  
City-State-Zip: LAKE MARY FL 32746

Title            DIRECTOR  
Name            WAEGELEIN, ROBERT A  
Address        44 SOUTH BROADWAY  
                  SUITE 1200  
City-State-Zip: WHITE PLAINS NY 10601

Title            DIRECTOR  
Name            WOLK, ANTHONY L  
Address        44 SOUTH BROADWAY  
                  SUITE 1200  
City-State-Zip: WHITE PLAINS NY 10601

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVE L. CARLTON

**SECRETARY**

**04/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date