

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90003 005 ***150.00

DOCUMENT # 249080

1. Corporation Name

AMERICAN PIONEER LIFE INSURANCE COMPANY

Principal Place of Business

600 COURTLAND ST
P O BOX 3509
ORLANDO FL 32804
US

Mailing Address

P. O. BOX 3509
P O BOX 3509
ORLANDO FL 32802
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/05/1961

4. FEI Number

59-0935083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 600 Courtland Street
Suite, Apt. #, etc.

2a. Mailing Address

26 P. O. Box 3509
Suite, Apt. #, etc.

City & State

23 Orlando, FL.

City & State

28 Orlando, FL.

Zip

24 32804

Country

25 Orange

Zip

29 32802-3509

Country

30 Orange

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32302

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SVPT ☒ DELETE
NAME HOEFT, JERALD R.
STREET ADDRESS 600 COURTLAND ST
CITY-ST-ZIP ORLANDO FL 32804

TITLE P ☐ DELETE
NAME BRYANT, GARY W.
STREET ADDRESS 600 COURTLAND ST.
CITY-ST-ZIP ORLANDO FL

TITLE C ☐ DELETE
NAME BARASCH, RICHARD A.
STREET ADDRESS 6 INTERNATIONAL DR, SUITE 190
CITY-ST-ZIP RYE BROOK NY 10573

TITLE VPD ☐ DELETE
NAME WAEGELEIN, ROBERT A
STREET ADDRESS 6 INTRNATIONAL DR, SUITE 190
CITY-ST-ZIP RYE BROOK NY 19573

TITLE VPS ☐ DELETE
NAME HARTMAN, GUY H
STREET ADDRESS 600 COURTLAND ST
CITY-ST-ZIP ORLANDO FL 32804

TITLE VP ☐ DELETE
NAME WALDEN, SAMUEL C
STREET ADDRESS 600 COURTLAND STREET
CITY-ST-ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Treasurer ☐ Change ☒ Addition
1.2 NAME Conner Taylor
1.3 STREET ADDRESS 600 Courtland Street
1.4 CITY-ST-ZIP Orlando, FL. 32804

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

Conner Taylor

February 22, 1999

(407) 628-1776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)