

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP 14 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07092007 Chg-P CR2E034 (12/06)

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # 249080</b><br>1. Entity Name<br><b>AMERICAN PIONEER LIFE INSURANCE COMPANY</b>   |   |   |   |   |  |
| Principal Place of Business<br><b>1001 HEATHROW PARK LANE<br/>LAKE MARY, FL 32746 US</b>   |   |   | Mailing Address<br><b>P. O. BOX 958465<br/>LAKE MARY, FL 32795-8465 US</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |   |  |
| City & State   |   | City & State  |   |   |  |
| Zip  | Country   | Zip   | Country   | 4. FEI Number<br><b>59-0935083</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |   | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><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 <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 14, 2007</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>SVPT<br/>GRAY, DONALD M<br/>1001 HEATHROW PARK LANE, STE 5001<br/>LAKE MARY, FL 32746</b> <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>SVPT<br/>John M. Squarok<br/>1001 Heathrow Park Ln suite 5001<br/>Lake Mary Florida 32746</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PD<br/>BRYANT, GARY W.<br/>1001 HEATHROW PARK LANE, STE 5001<br/>LAKE MARY, FL 32746</b> <input type="checkbox"/> Delete             |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>Steven B. Najjar - Secretary<br/>1001 Heathrow Park Ln # 5001<br/>Lake Mary, FL 32746</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>C<br/>BARASCH, RICHARD A.<br/>6 INTERNATIONAL DR, SUITE 190<br/>RYE BROOK, NY 10573</b> <input type="checkbox"/> Delete              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>700109712017<br/>09/20/07--01040--014 **\$550.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>EVPD<br/>WAEGELEIN, ROBERT A<br/>6 INTRNATIONAL DR, SUITE 190<br/>RYE BROOK, NY 19573</b> <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VP<br/>COCHRANE, CARL<br/>1001 HEATHROW PARK LANE, STE 5001<br/>LAKE MARY, FL 32746</b> <input type="checkbox"/> Delete              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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. |   |   |   |   |  |
| <b>SIGNATURE:</b> _____  |   |   | _____<br>Title VP, COO<br>Secretary<br>7-16-07<br>(407) 995-8000  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   |   |   |  |