

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 810050 (5)

1. Corporation Name

THE FIRST PYRAMID LIFE INSURANCE COMPANY OF AMERICA



Principal Place of Business

Mailing Address

320 WEST CAPITAL  
SUITE 500  
LITTLE ROCK ARKANSAS 72203  
US

P.O. BOX 1151  
LITTLE ROCK ARKANSAS 72203

3. Date Incorporated or Qualified  
10/25/1954

3a. Date of Last Report  
03/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

4. FEI Number

71-0655804

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
STATE CAPITOL, STATE OF FLORIDA  
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME SPICER, RANDY L  
STREET ADDRESS 320 W CAPITOL, #600  
CITY-STATE-ZIP LITTLE ROCK AR

1.1 TITLE PD  
1.2 NAME SPICER, RANDY L  
1.3 STREET ADDRESS 320 W CAPITOL, #600  
1.4 CITY-STATE-ZIP LITTLE ROCK, AR 72201

TITLE STD  
NAME WHITE, PAUL M.  
STREET ADDRESS 601 GAINES  
CITY-STATE-ZIP LITTLE ROCK AR

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE V  
NAME BRIDGES, DAVID F  
STREET ADDRESS 320 W CAPITOL, #500  
CITY-STATE-ZIP LITTLE ROCK AR

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE V  
NAME BAILEY, JAMES  
STREET ADDRESS 320 W CAPITOL, #600  
CITY-STATE-ZIP LITTLE ROCK AR

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE AST  
NAME PEARSON, OLEN K  
STREET ADDRESS 320 W CAPITOL, #500  
CITY-STATE-ZIP LITTLE ROCK AR

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Secretary/Treasurer 02/03/96 (501) 378-3322

Date

Daytime Phone #

CR2E034 (12/95)