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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

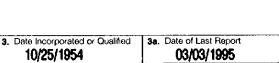
810050 **DOCUMENT #** 

(5)

THE FIRST PYRAMID LIFE INSURANCE COMPANY OF AMER

ICA Mailing Address Principal Place of Business





								1	.01=01 .00 .	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
2. Principal Place of Business			1	<b>a.</b> Mailing Address 1			4.	FEI Number 71-0655804	•		Applied For Not Applicable			
21]			26					+	7 1 0000004					
Suite, Apt. #, etc			L	Suite, Apt. #, etc			5.	Certificate of Status Desired	ш	S8.75 Additional				
2			27							Fee Required				
City & State				City & State			6. Election Campaign Financing \$5.00 May Be				00 May Be			
23	3			]				Trust Fund Contribution	Ц		led to Fees			
	Zip Country			Zip Country		8. This corporation has liability for intangible tax under s 199.032,								
24		25	29		30				Florida Statutes	□ No				
g. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent							
						81	Name							
INSURANCE COMMISSIONER STATE CAPITOL, STATE OF FLORIDA TALLAHASSEE FL 32301						(D.O. Davikt serbas in Not Angestable)								
					82	Street Address (P.O. Box Number is Not Acceptable)								
					83									
						В4	City				85	Zip Code		
							J.,,			FL		- <del>-</del>		

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.

12.	OFFICERS AND ()	RECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
111_6	Р	□ DELETE	1. 1 TITLE	PD	☐ Change	X Addition	
NAME	SPICER, RANDY L		1.2 NAME	SPICER, RANDY L			
STREET ADDRESS	320 W CAPITOL, #600		1 3 STREET ADDRESS	320 W CAPITOL, #600			
DHY-ST ZIP	LITTLE ROCK AR		14 CITY-ST-ZIP	LITTLE ROCK, AR 72201			
T-ILE	STD	DELETE	2 1 TITLE		Change	Addition	
NAME	WHITE, PAUL M.		2.2 NAME				
STREET ADDRESS	601 GAINES		2.3 STREET ADDRESS				
City - S1 - ZIP	LITTLE ROCK AR		2 4 CITY - ST - ZIP				
TOLE .	V	☐ DEFELE	3 1 TITLE		☐ Change	☐ Addition	
NAME	BRIDGES, DAVID F		3 2 NAME				
STREET ADDRESS	320 W CAPITOL, #500		3.3. STREET ADDRESS				
CITY - ST - ZIE	LITTLE ROCK AR		3 4 CiTY-ST-ZIP				
TITLE	٧	☐ DELETE	4 1 THILE		☐ Change	Addition	
NAME	BAILEY, JAMES		4 2 NAME				
STREET ADDRESS	320 W CAPITOL #600		4.3 STREET ADDRESS				
C(1Y - S1 - Z(P)	LITTLE ROCK AR		4.4 CITY-ST-ZIP				
T-1Lf	AST	☐ DELETE	5 1 TITLE		☐ Change	Addition	
NAME	PEARSON, OLEN K		5.2 NAME				
STREET ADDRESS	320 W CAPITOL, #500		5 3 STREET ADDRESS				
01*Y-\$1-ZIP	LITTLE ROCK AR		5.4 CITY - ST - ZIP				
Title F		☐ DELETE	6 1 TITLE		Change	Addition	
NAME			6.2 NAME				
STREET ADOPESS			6.3 STREET ADDRESS				
CITY-S1-ZIF			64 CITY - ST - ZIP				

14. Ido 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 changes, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Asst. Secretary/Treasurer

02/03/96

(501) 378-3322

Daytime Phone #

CR2E034 (12/95)