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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 AMER
ICA

Principal Place of Business

320 WEST CAPITAL
SUITE 500
LITTLE ROCK ARKANSAS 72203
US

Mailing Address

P.O. BOX 1151
LITTLE ROCK ARKANSAS 72203-1151



2. Principal Place of Business

320 West Capital

Suite, Apt. #, etc.

22 SU 600

City & State

23 Little Rock AR

Zip

24 72201

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

10/25/1954

3a. Date of Last Report

03/06/1996

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

INSURANCE COMMISSIONER
STATE CAPITOL, STATE OF FLORIDA
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 PD
NAME SPICER, RANDY L
STREET ADDRESS 320 W CAPITOL 600
CITY- ST- ZIP LITTLE ROCK AR
☐ DELETE

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Calvin Eugene Kellogg
1.2 NAME 320 West Capital SU 500
1.3 STREET ADDRESS Little Rock, AR 72201
1.4 CITY- ST- ZIP
☐ Change ☒ Addition

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

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

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

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

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

14. I do 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.

SIGNATURE: *Olen K. Pearson* Olen K. Pearson Asst. Secretary Treasurer 2/16/97 (501)
378-5620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0490001

CR2E034 (9/96)