


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 828685</b> 1. Entity Name <b>PYRAMID LIFE INSURANCE COMPANY</b>						<b>FILED</b> <b>07 SEP 17 PM 12:46</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1001 HEATHROW PARK LANE SUITE 5001 LAKE MARY, FL 32746</b>				Mailing Address <b>PO BOX 958465 LAKE MARY, FL 32795-8465</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number <b>48-0557726</b>			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
<b>FILE NOW!!! FEE IS \$550.00 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>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARASCH, RICHARD A</b> <b>6 INTERNATIONAL DR., STE 190</b> <b>RYE BROOKE, NY 10573</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS EVP</b> <b>Steven B. Najjar</b> <b>1001 Heathrow Park Ln # 5001</b> <b>LAKE MARY FL 32746</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>GRAY, DONALD M</b> <b>1001 HEATHROW PK LN STE 5001</b> <b>LAKE MARY, FL 32746</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPT D</b> <b>John M. Squarok</b> <b>1001 Heathrow Park Ln # 5001</b> <b>LAKE MARY FL 32746</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVD</b> <b>BRYANT, GARY W</b> <b>1001 HEATHROW PK LN STE 5001</b> <b>LAKE MARY, FL 32746</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Cochrane Carl</b> <b>1001 Heathrow Park Ln # 5001</b> <b>LAKE MARY FL 32746</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>COCHRANE, CARL</b> <b>1001 HEATHROW PK LN STE 5001</b> <b>LAKE MARY, FL 32746</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>BAKER, JANICE</b> <b>1001 HEATHROW PK LN STE 5001</b> <b>LAKE MARY, FL 32746</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>BAKER, JANICE</b> <b>1001 HEATHROW PK LN STE 5001</b> <b>LAKE MARY, FL 32746</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 line empowered.				<b>SIGNATURE: _____</b> EXEC VP COO & Secretary			