

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 839341

1. Entity Name

PIONEER LIFE INSURANCE COMPANY

FILED

01 JAN 19 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

222 MERCHANDISE MART PLAZA
CHICAGO IL 60654
US

11815 N PENNSYLVANIA ST
DEPT #A2A
CARMEL IN 46032
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 37-0844470

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32399

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KILLIAN, THOMAS J 11815 N PENNSYLVANIA ST CARMEL IN 46032	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BROPHY, THOMAS J 222 MERCHANDISE MART PLAZA CHICAGO IL 46032	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP DICK, ROLLIN M 11815 N PENNSYLVANIA ST CARMEL IN 46032	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT ADAMS, JAMES S 11815 N PENNSYLVANIA ST CARMEL IN 46032	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD HILBERT, STEPHEN C 11815 N PENNSYLVANIA ST CARMEL IN 46032	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVSD SABL, JOHN J 11815 N PENNSYLVANIA ST CARMEL IN 46032	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	600003618176--0 -01/31/01--01075--027 ****150.00 ****150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP William T. Devanney, Jr. 11815 N. Pennsylvania Street Carmel, IN 46032	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPSD David K. Herzog 11815 N. Pennsylvania Street Carmel, IN 46032	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ngaire E. Cuneo 11815 N. Pennsylvania Street Carmel, IN 46032	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPAS Michael A. Colliflower 11815 N. Pennsylvania Street Carmel, IN 46032	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karl W Kindig

Karl W. Kindig /-18-01/ (317) 817-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

282

Pioneer Life Insurance Company

DIRECTORS

Ngairé E. Cuneo
Elizabeth C. Georgakopoulos
*Laurence Good
David K. Herzog
*Robert J. Hughes
Thomas J. Kilian
*Susan C. Morisato

OFFICERS

<u>Name</u>	<u>Title</u>
Thomas J. Kilian	President
David K. Herzog	Executive Vice President, General Counsel and Secretary
James S. Adams	Senior Vice President, Chief Accounting Officer and Treasurer
Thomas R. Auvinen	Senior Vice President, Actuarial
David J. Barra	Senior Vice President, Corporate Finance
Robert E. Burkett, Jr.	Senior Vice President, Legal and Assistant Secretary
Michael A. Colliflower	Senior Vice President, Legal, Chief Compliance Officer and Assistant Secretary
Jon F. Davis	Senior Vice President, Actuarial
William T. Devanney, Jr.	Senior Vice President, Corporate Taxes
James S. Hawke	Senior Vice President, Actuarial
Karl W. Kindig	Senior Vice President, Legal and Assistant Secretary
*Susan C. Morisato	Senior Vice President, Actuarial
Mark Shaw	Senior Vice President, Actuarial
K. Lowell Short, Jr.	Senior Vice President, Finance
Joseph R. Sitar	Senior Vice President, Controller
Dennis A. Taylor	Senior Vice President, Conseco Insurance Group Financial Controller
*Bradley A. Wolfram	Senior Vice President, Claims
*Brian D. Camling	Vice President, Compliance
James M. Crafton	Vice President, Statutory Reporting
James C. Crampton	Vice President, Corporate Taxes
Marcus A. Dallas	Vice President, Investment Accounting
Beth A. Eischeid	Vice President, Legal
Janice K. Henderson	Vice President, Policy Compliance
Helen L. Hofmann	Vice President, Actuarial
David D. Humm	Vice President, Corporate Taxes
Louis S. Kanowsky	Vice President, Account Reconciliations