

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90030 049 ***150.00

427602

DOCUMENT # 839341

1. Entity Name

PIONEER LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

11815 N. PENNSYLVANIA ST., DEPT. B2B 11815 N. PENNSYLVANIA ST., DEPT. B2B

CARMEL, IN 46032

CARMEL, IN 46032

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

DO NOT WRITE IN THIS SPACE

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

FLORIDA INSURANCE COMMISSIONER

THE CAPITOL BUILDING

TALLAHASSEE, FL 32301

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) ☒

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 PD ELIZABETH C. GEORGAKOPOULOS ☐ Delete
NAME
STREET ADDRESS 11815 N. PENNSYLVANIA ST., CARMEL, IN 46032
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVPT JAMES S ADAMS ☐ Delete
NAME
STREET ADDRESS 11815 N. PENNSYLVANIA ST., CARMEL, IN 46032
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE EVPS DAVID K. HERZOG ☐ Delete
NAME
STREET ADDRESS 11815 N. PENNSYLVANIA ST., CARMEL, IN 46032
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVP WILLIAM T. DEVANNEY, JR. ☐ Delete
NAME
STREET ADDRESS 11815 N. PENNSYLVANIA ST., CARMEL, IN 46032
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVPAS RICHARD R. DYKHOUSE ☐ Delete
NAME
STREET ADDRESS 11815 N. PENNSYLVANIA ST., CARMEL, IN 46032
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D WILLIAM J SHEA ☐ Delete
NAME
STREET ADDRESS 11815 N. PENNSYLVANIA ST., CARMEL, IN 46032
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Richard R. Dykhous

RICHARD R. DYKHOUSE, ASSISTANT SECRETARY

2/27/02

317-817-6344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)