


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90038 036 ***158.75

DOCUMENT # 848107	
1. Entity Name PIONEER SECURITY LIFE INSURANCE COMPANY	

Principal Place of Business 425 AUSTIN AVE. WACO, TX 76701 US	Mailing Address P. O. BOX 2550 WACO, TX 76702-2550 US
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60016139



01312006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 75-1083342		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHAFFER, DARLA A.			NAME			
STREET ADDRESS	425 AUSTIN AVE.			STREET ADDRESS			
CITY-ST-ZIP	WACO, TX 76701			CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNLAP, JOE			NAME			
STREET ADDRESS	425 AUSTIN AVE.			STREET ADDRESS			
CITY-ST-ZIP	WACO, TX 76701			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEAVY, SHELBY L			NAME			
STREET ADDRESS	425 AUSTIN AVE.			STREET ADDRESS			
CITY-ST-ZIP	WACO, TX 76701			CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	AIELLO, GARY E			NAME	SLIVA, DARRENG.		
STREET ADDRESS	425 AUSTIN AVE.			STREET ADDRESS	425 AUSTIN AVENUE		
CITY-ST-ZIP	WACO, TX 76701			CITY-ST-ZIP	WACO, TX 76701		
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLANTON, MICHAEL J			NAME			
STREET ADDRESS	425 AUSTIN AVE			STREET ADDRESS			
CITY-ST-ZIP	WACO, TX 76701			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAUCEDO, CYNTHIA L			NAME			
STREET ADDRESS	425 AUSTIN AVE			STREET ADDRESS			
CITY-ST-ZIP	WACO, TX 76701			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 like empowered.

SIGNATURE:  **01/31/2006** **254-297-2778**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #