### **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

# FILED Jan 16, 2007 8:00 am Secretary of State 01-16-2007 90264 003 \*\*\*158.75

DOCUMENT # 848107  1. Entity Name PIONEER SECURITY LIFE INSURANCE COMPANY						01-16-2007	90264	003 ***15	8.75
Principal Place of Business M		Mailing Address	Mailing Address						
425 AUSTIN AVE.		P. O. BOX 2550					!	50000	374
WACO, TX 76701 US		WACO, IX 76702	WACO, TX 76702-2550 US			1861 (818) HSW 887H 1891			
Principal Place of Business - No P.O. Box # 3. Mailin									
2. Filicipal Flace of Business - No F.O. Box #		3. Mailing Address					6   <b>6</b>    <b>6</b>	.EIE 11818 16818 1181	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	•	01032007	Chg-P	CR2E	034 (12/06)		
City & State		City & State			4. FEI Number 75-1083			<del></del>	oplied For
Zip Country		Zip	Zip Cour			f Status Desired	×	\$8.75 Add	
	6. Name and Address of Current	Registered Agent				Address of New R		Fee Require	d
U. Maine and Address of Current Nagistared Agent				Name					
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200)			Street Address (P.O. Box Number is Not Acceptable)						
200 E. GAINES ST TALLAHASSEE, FL 32399-0000									
IALLAHA	33LE, 1 E 32393-0000			City			FI	Zip Cod	e
The above named entity submits this statement for the purpose of changing its registered office or registered.					tered agent or both	in the State of Flo		<u>-                                    </u>	and accept
	ions of registered agent.	the purpose of change	ng its register	so office of rogis	reside agent, or box	, ar the otate of the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	riariala wioi,	uno docopi
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registere	d Agent signature requ	red when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.					55.00 May Be dded to Fees				
10. OFFICERS AND DIRECTORS 11			11.		ADDITIONS/0	HANGES TO OFF	ICERS AN	D DIRECTOR	S IN 11
TITLE	VT	_ 51.00		+				Change	■ Addition
NAME STREET ADDRESS	SCHAFFER, DARLA A. 425 AUSTIN AVE.	·		ET ADDRESS					
CITY-ST-ZIP			-ST-ZIP		- · · ·				
TITLE	VS	☐ Delete	រោជ					☐ Change	Addition
NAME STREET ADDRESS	DUNLAP, JOE 425 AUSTIN AVE.		NAM Stre	ET ADDRESS					
CITY-ST-ZIP	WACO, TX 76701		CITY	-ST-ZIP					
TITLE	PD	☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS	PEAVY, SHELBY L 425 AUSTIN AVE.		NAM STRE	ET ADDRESS					
CITY-ST-ZIP	WACO, TX 76701			-SI-ZIP					
TITLE	V	☐ Delete						☐ Change	Addition
NAME STREET ADDRESS	SLIVA, DARREN G 425 AUSTIN AVENUE		NAM SIRE	ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE	V	☐ Delete		ı ı				☐ Change	☐ Addition
NAME STREET ADDRESS	BLANTON, MICHAEL J 425 AUSTIN AVE		NAM	ET ADDRESS					
CITY-ST-ZIP	WACO, TX 76701			-ST-ZIP					
TITLE	V	☐ Delete						Change	☐ Addition
NAME STREET ADDRESS	SAUCEDO, CYNTHIA L 425 AUSTIN AVE		NAM	EET ADDRESS					
CITY-ST-ZIP	WACO, TX 76701			-SI-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 rustee 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 ell other like empowered.

SIGNATURE:

NAME OF SIENING OFFICER OR DIRECTOR

0 1/08/2007 254-297-2778
Date Doylime Phone #

**Division of Corporations** 

## ATTACHMENT 50000374 **Division of Corporations**

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## 2007 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.

Document Number

848107

Business Entity Name

PIONEER SECURITY LIFE INSURANCE COMPANY

Original File Date

01/29/1981

FEI Number

75-1083342

Principal Address 425 AUSTIN AVE.

WACO, TX 76701 US

Mailing Address

P.O. BOX 2550

WACO, TX 767022550 US

Registered Agent

CHIEF FINANCIAL OFFICER

P O BOX 6200 (32314-6200)

200 E. GAINES ST

TALLAHASSEE, FL 323990000 US

#### Officer/Director Name And Address

VT

DARLA A. SCHAFFER 425 AUSTIN AVE. WACO, TX 76701

VS

JOE DUNLAP 425 AUSTIN AVE. WACO, TX 76701

PD

SHELBY L PEAVY 425 AUSTIN AVE. WACO, TX 76701

DARREN G SLIVA **425 AUSTIN AVENUE** WACO, TX 76701

BLANTON, MICHAEL J **425 AUSTIN AVE** 

Division of Corporations

ALTACHMENT

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WACO, TX 76701

V CYNTHIA L SAUCEDO 425 AUSTIN AVE WACO, TX 76701

If all of the above information is correct and you do not wish to make any changes, please select:

No Changes

If you need to make changes to the above information, please select:

Make Changes

**Sunbiz Home Page** 

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