

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 828685

Entity Name: PYRAMID LIFE INSURANCE COMPANY**Current Principal Place of Business:**1064 GREENWOOD BLVD
SUITE 260
LAKE MARY, FL 32746**Current Mailing Address:**PO BOX 958465
LAKE MARY, FL 32795-8465**FEI Number:** 48-0557726**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SEC, DIRECTOR
Name CARLTON, STEVE
Address 1064 GREENWOOD BLVD
SUITE 260
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR
Name GASS, PHILLIP J
Address 1064 GREENWOOD BLVD
SUITE 260
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR
Name WILLIAMS, THOMAS A
Address 1064 GREENWOOD BLVD
SUITE 260
City-State-Zip: LAKE MARY FL 32746

Title DCFO
Name CANNONE, RICHARD M
Address 1064 GREENWOOD BLVD
SUITE 260
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR
Name CHELIOTIS, KOSTAS NMN
Address 1064 GREENWOOD BLVD
SUITE 260
City-State-Zip: LAKE MARY FL 32746

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVE CARLTON**SECRETARY****04/10/2018**

Electronic Signature of Signing Officer/Director Detail

Date