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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **800387** **(3)**

1. Corporation Name
PAN - AMERICAN LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
601 POYDRAS STREET P.O. BOX 60219 NEW ORLEANS LOUISIANA 70130	ATTN: WILLIAM STEEN. LEGAL DEPT. 12TH FLOOR NEW ORLEANS LOUISIANA 70130 US

3. Date Incorporated or Qualified: 05/04/1912
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25):

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30):

4. FEI Number: 72-0281240 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~SVP~~	☐ DELETE	1.1 TITLE	SENIOR VICE PRES & TREASURER	☐ Change XXX Addition
NAME	CASH, JAMES M. JR.		1.2 NAME	LUIS I. INGLES, JR.	
STREET ADDRESS	PAN AMERICAN LIFE CNTR		1.3 STREET ADDRESS	PAN AMERICAN LIFE CNTR	
CITY-ST-ZIP	NEW ORLEANS LA		1.4 CITY-ST-ZIP	NEW ORLEANS LA 70130	
TITLE	PD	☐ DELETE	2.1 TITLE	SENIOR VICE PRESIDENT	☐ Change XXX Addition
NAME	ROBERTS JOHN K		2.2 NAME	SIDNEY A. LEBLANC	
STREET ADDRESS	PAN AMERICAN LIFE CNTR		2.3 STREET ADDRESS	PAN AMERICAN LIFE CNTR	
CITY-ST-ZIP	NEW ORLEANS LA		2.4 CITY-ST-ZIP	NEW ORLEANS LA 70130	
TITLE	COD	☐ DELETE	3.1 TITLE	EXECUTIVE VICE PRESIDENT	☐ Change XXX Addition
NAME	PURVIS, G. F JR.		3.2 NAME	W. TIMOTHY KNECHTEL	
STREET ADDRESS	PAN AMERICAN LIFE CNTR		3.3 STREET ADDRESS	PAN AMERICAN LIFE CNTR	
CITY-ST-ZIP	NEW ORLEANS LA		3.4 CITY-ST-ZIP	NEW ORLEANS LA 70130	
TITLE	~~EVP~~	XXXX DELETE	4.1 TITLE	EXECUTIVE VICE PRESIDENT	☐ Change XXX Addition
NAME	~~DUMPAS, M. S~~		4.2 NAME	RONALD MACINNIS	
STREET ADDRESS	~~PAN AMERICAN LIFE CNTR~~		4.3 STREET ADDRESS	PAN AMERICAN LIFE CNTR	
CITY-ST-ZIP	~~NEW ORLEANS LA~~		4.4 CITY-ST-ZIP	NEW ORLEANS, LA 70130	
TITLE	~~SVP~~	XXXX DELETE	5.1 TITLE	SENIOR VP, GEN CNSL & CORP SEC	☐ Change ☐ Addition XXX
NAME	~~FORSTER, ROBERT S~~		5.2 NAME	WILLIAM T. STEEN	
STREET ADDRESS	~~PAN AMERICAN LIFE CNTR~~		5.3 STREET ADDRESS	PAN AMERICAN LIFE CNTR	
CITY-ST-ZIP	~~NEW ORLEANS LA~~		5.4 CITY-ST-ZIP	NEW ORELANS, LA 70130	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William T. Steen SIGNATURE REQUIRED 4/11/97 (504) 566-3783
WILLIAM T. STEEN, SR VICE PRES, GC & CORP SEC
NAME AND TITLE OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0527906