

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90258 030 ***150.00

DOCUMENT # 800387

1. Entity Name
PAN - AMERICAN LIFE INSURANCE COMPANY

Principal Place of Business

**601 POYDRAS STREET
P.O. BOX 60219
NEW ORLEANS LA 70130**

Mailing Address

**ATTN: WILLIAM STEEN, LEGAL DEPT.
12TH FLOOR
NEW ORLEANS LA 70130
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

72-0281240

Applied For

Not Applicable

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

**INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL
TALLAHASSEE FL 32304**

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)** ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

**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 **SVGC** ☐ Delete
NAME **WILLIAM T STEEN**
STREET ADDRESS **PAN AMERICAN LIFE CNTR, 12TH FL**
CITY-ST-ZIP **NEW ORLEANS LA 70130**

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

TITLE **CED** ☐ Delete
NAME **PURVIS, G. F JR.**
STREET ADDRESS **PAN AMERICAN LIFE CNTR**
CITY-ST-ZIP **NEW ORLEANS LA**

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

TITLE **SVPT** ☐ Delete
NAME **INGLES, LUIS I JR**
STREET ADDRESS **PAN AMERICAN LIFE CNTR**
CITY-ST-ZIP **NEW ORLEANS LA**

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

TITLE **PDCO** ☐ Delete
NAME **JOBE, JAN S**
STREET ADDRESS **PAN AMERICAN LIFE CNTR**
CITY-ST-ZIP **NEW ORLEANS LA**

TITLE **PRESIDENT + CEO / DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVP** ☐ Delete
NAME **SCHEXNAYDER, TODD**
STREET ADDRESS **PAN AMERICAN LIFE CNTR, 16TH FL**
CITY-ST-ZIP **NEW ORLEANS FL 70130**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

04/22/2002

(504) 566-3782

WILLIAM T. STEEN

Date

Daytime Phone #

CR2E034 (9/01)