

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90043 006 ***150.00

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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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00.

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. 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 JR~~
STREET ADDRESS PAN AMERICAN LIFE CNTR ✓
CITY-ST-ZIP NEW ORLEANS LA ✓

TITLE ☒ Change ☐ Addition
NAME Carlos MICKAN
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 CEO ☐ Delete
NAME JOSE SUQUET
STREET ADDRESS 601 POYDRAS ST
CITY-ST-ZIP New Orleans LA 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

William T Steen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/06