

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 800387

Entity Name: PAN - AMERICAN LIFE INSURANCE COMPANY**Current Principal Place of Business:**601 POYDRAS STREET
SUITE 1530
NEW ORLEANS, LA 70130**Current Mailing Address:**601 POYDRAS STREET
SUITE 1530
NEW ORLEANS, LA 70130 US**FEI Number:** 72-0281240**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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 CEO
Name SUQUET, JOSE
Address 601 POYDRAS STREET
SUITE 2800
City-State-Zip: NEW ORLEANS LA 70130

Title CFO
Name DEMMON, DAVID
Address 601 POYDRAS STREET
SUITE 2800
City-State-Zip: NEW ORLEANS LA 70130

Title CORPORATE SECRETARY
Name CORRADA, JOSE C
Address 601 POYDRAS ST
SUITE 1530
City-State-Zip: NEW ORLEANS LA 70130

Title VC
Name MICKAN, CARLOS F
Address 601 POYDRAS STREET
SUITE 2800
City-State-Zip: NEW ORLEANS LA 70130

Title EVP
Name FRIEDMAN, STEVE
Address 601 POYDRAS STREET
City-State-Zip: NEW ORLEANS LA 70130

Title PRESIDENT
Name DICIANNI, ROBERT
Address 601 POYDRAS STREET
City-State-Zip: NEW ORLEANS LA 70130

Title PRESIDENT
Name PARKER, BRUCE
Address 601 POYDRAS STREET
City-State-Zip: NEW ORLEANS LA 70130

Title TREASURER
Name DIGGS, TIMOTHY
Address 601 POYDRAS STREET
City-State-Zip: NEW ORLEANS LA 70130

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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: JOSE C. CORRADA**CORPORATE SECRETAR** 05/06/2020_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	VP
Name	FURAN, ALAN
Address	601 POYDRAS STREET
City-State-Zip:	NEW ORLEANS LA 70130