

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 800387

Entity Name: PAN - AMERICAN LIFE INSURANCE COMPANY**Current Principal Place of Business:**601 POYDRAS STREET
NEW ORLEANS, LA 70130**Current Mailing Address:**601 POYDRAS STREET
10TH FLOOR
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	DIRECTOR; CHAIRMAN OF THE BOARD & CEO
Name	SUQUET, JOSE S.
Address	601 POYDRAS STREET SUITE 2800
City-State-Zip:	NEW ORLEANS LA 70130
Title	SENIOR VP, GENERAL COUNSEL & CORP SECRETARY
Name	CORRADA, JOSE C.
Address	601 POYDRAS STREET 10TH FLOOR
City-State-Zip:	NEW ORLEANS LA 70130
Title	PRESIDENT-GLOBAL BENEFITS
Name	DICIANNI, ROBERT
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

Title	SENIOR VP, CFO
Name	DEMMON, DAVID
Address	601 POYDRAS STREET
City-State-Zip:	NEW ORLEANS LA 70130
Title	PRESIDENT-FINANCE & INVESTMENTS
Name	FRIEDMAN, STEVEN
Address	601 POYDRAS STREET SUITE 2800
City-State-Zip:	NEW ORLEANS LA 70130
Title	PRESIDENT-GLOBAL LIFE
Name	PARKER, BRUCE
Address	121 ALHAMBRA PLAZA SUITE 1501
City-State-Zip:	CORAL GABLES FL 33134

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**SECRETARY****03/16/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date