

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 800387

FILED
Apr 22, 2009
Secretary of State

Entity Name: PAN - AMERICAN LIFE INSURANCE COMPANY

Current Principal Place of Business:

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

New Principal Place of Business:

601 POYDRAS STREET
FLOOR 26
NEW ORLEANS, LA 70130

Current Mailing Address:

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

New Mailing Address:

601 POYDRAS STREET
FLOOR 26
NEW ORLEANS, LA 70130 US

FEI Number: 72-0281240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SVGC () Delete
Name: FRAIZER, PATRICK C
Address: 601 POYDRAS ST 26TH FLR
City-St-Zip: NEW ORLEANS, LA 70130

Title: CFO () Delete
Name: MICKAN, CARLOS
Address: PAN AMERICAN LIFE CNTR
City-St-Zip: NEW ORLEANS, LA

Title: CEO () Delete
Name: SUQUET, JOSE
Address: 601 POYDRAS ST
City-St-Zip: NEW ORLEANS, LA 70130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: MICKAN, CARLOS
Address: 601 POYDRAS ST 28TH FLR
City-St-Zip: NEW ORLEANS, LA 70130

Title: CEO (X) Change () Addition
Name: SUQUET, JOSE
Address: 601 POYDRAS ST 28TH FLR
City-St-Zip: NEW ORLEANS, LA 70130

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PATRICK C. FRAIZER

VP GC

04/22/2009

Electronic Signature of Signing Officer or Director

Date