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1-3

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 850451 (6)

1. Corporation Name

PAN-AMERICAN ASSURANCE COMPANY



Principal Place of Business

PAN-AMERICAN LIFE CENTER
NEW ORLEANS LA 70130

Mailing Address

P. O. BOX 53372
ATTENTION WILLIAM STEEN, LEGAL DEPT.
NEW ORLEANS LA 70153-3372
US

3. Date Incorporated or Qualified

09/22/1981

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
STATE CAPITOL
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	ROBERTS, JOHN K	
STREET ADDRESS	PAN AMERICAN LIFE CENTER	
CITY- ST- ZIP	NEW ORLEANS LA	
TITLE	CS	<input checked="" type="checkbox"/> DELETE
NAME	TUMMINELLO, THEODORE	
STREET ADDRESS	PAN AMERICAN LIFE CENTER	
CITY- ST- ZIP	NEW ORLEANS LA	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LEBLANC, SIDNEY A.	
STREET ADDRESS	PAN AMERICAN LIFE CENTER	
CITY- ST- ZIP	NEW ORLEANS LA	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	NEWTON, WARREN S JR	
STREET ADDRESS	PAN AMERICAN LIFE CENTER	
CITY- ST- ZIP	NEW ORLEANS LA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	INGLES, LUIS I	
STREET ADDRESS	PAN AMERICAN LIFE CENTER	
CITY- ST- ZIP	NEW ORLEANS LA	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PURVIS, G FRANK	
STREET ADDRESS	PAN AMERICAN LIFE CENTER	
CITY- ST- ZIP	NEW ORLEANS LA	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William T. Steen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM T. STEEN

VICE PRESIDENT
ASSOCIATE GENERAL COUNSEL

4/29/96

(504) 566-3783

Date

Daytime Phone #

CR2E034 (12/95)

FLORIDA'S
CORPORATION ANNUAL REPORT

1996

Pan-American Assurance Company
Document #850451 (6)

Additions for Block #13. (BOLD Title reflects change)

VICE PRESIDENT (*Director/Officer*)
WILLIAM T. KNECHTEL
PAN-AMERICAN LIFE CNTR
NEW ORLEANS, LA 70130

VICE PRESIDENT/GENERAL COUNSEL/**CORPORATE SECRETARY** (*Officer*)
ROBERT S. FORSTER
PAN-AMERICAN LIFE CNTR
NEW ORLEANS, LA 70130

VICE PRESIDENT (*Officer*)
MERRIT STEVENS BUMPAS
PAN AMERICAN LIFE CNTR
NEW ORLEANS, LA 70130

VICE PRESIDENT (*Officer*)
JAMES MARTIN CASH, JR.
PAN AMERICAN LIFE CNTR
NEW ORLEANS, LA 70130

VICE PRESIDENT (*Officer*)
JAIRO A. FERREIRA
PAN AMERICAN LIFE CNTR
NEW ORLEANS, LA 70130

VICE PRESIDENT (*Officer*)
JOHN CLYDE HERRINGTON
PAN AMERICAN LIFE CNTR
NEW ORLEANS, LA 70130

VICE PRESIDENT/CONTROLLER (*Officer*)
D. GARRY LONGAKER
PAN AMERICAN LIFE CNTR
NEW ORLEANS, LA 70130

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Document #850451 (6)

Additions for Block #13. (Continued)

VICE PRESIDENT (*Officer*)
FREDERICK JOSEPH MIKILL II
PAN AMERICAN LIFE CNTR
NEW ORLEANS, LA 70130

VICE PRESIDENT (*Officer*)
JOHNNY L. ORR
PAN AMERICAN LIFE CNTR
NEW ORLEANS, LA 70130

VICE PRESIDENT (*Officer*)
P. W. POLK, JR.
PAN AMERICAN LIFE CNTR
NEW ORLEANS, LA 70130

VICE PRESIDENT (*Officer*)
EDWARD JAMES RAY, III
PAN AMERICAN LIFE CNTR
NEW ORLEANS, LA 70130

VICE PRESIDENT (*Officer*)
RODOLFO J. REVUELTA
PAN AMERICAN LIFE CNTR
NEW ORLEANS, LA 70130

VICE PRESIDENT/ASSOC GEN COUNSEL/ASSIST SEC (*Officer*)
WILLIAM T. STEEN
PAN AMERICAN LIFE CNTR
NEW ORLEANS, LA 70130