

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/22/1981		3a. Date of Last Report 05/01/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 72-0917222		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER STATE CAPITOL TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCD	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, JOHN K		1.2 NAME				
STREET ADDRESS	PAN AMERICAN LIFE CENTER		1.3 STREET ADDRESS				
CITY-ST-ZIP	NEW ORLEANS LA		1.4 CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBLANC, SIDNEY A.		2.2 NAME				
STREET ADDRESS	PAN AMERICAN LIFE CENTER		2.3 STREET ADDRESS				
CITY-ST-ZIP	NEW ORLEANS LA		2.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGLES, LUIS I		3.2 NAME				
STREET ADDRESS	PAN AMERICAN LIFE CENTER		3.3 STREET ADDRESS				
CITY-ST-ZIP	NEW ORLEANS LA		3.4 CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURVIS, G FRANK		4.2 NAME				
STREET ADDRESS	PAN AMERICAN LIFE CENTER		4.3 STREET ADDRESS				
CITY-ST-ZIP	NEW ORLEANS LA		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	EXEC VICE PRESIDENT&DIRECTOR			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	W TIMOTHY KNECHTEL			
STREET ADDRESS			5.3 STREET ADDRESS	PAN AMERICAN LIFE CNTR			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	NEW ORLEANS, LA 70130			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	VP, GEN CNSL & CORP SEC			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME	WILLIAM T. STEEN			
STREET ADDRESS			6.3 STREET ADDRESS	PAN AMERICAN LIFE CNTR			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	NEW ORLEANS LA 70130			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 4/11/97 (504) 566-3783
WILLIAM T. STEEN, VP, GEN & CORP SEC

CR2E034 (9/96)