


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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/22/1981	
4. FEI Number 72-0917222	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 09/22/1981	
21		26		4. FEI Number 72-0917222	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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)

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

14. I 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.

CR2E034 (10/97)