

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90125 042 ***150.00

DOCUMENT # **850451**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1981

4. FEI Number

72-0917222

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

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

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** ☐ DELETE
NAME **ROBERTS, JOHN K**
STREET ADDRESS **PAN AMERICAN LIFE CENTER**
CITY-ST-ZIP **NEW ORLEANS LA**

TITLE **VPD** ☒ DELETE
NAME **LEBLANC, SIDNEY A.**
STREET ADDRESS **PAN AMERICAN LIFE CENTER**
CITY-ST-ZIP **NEW ORLEANS LA**

TITLE **DVPT** ☐ DELETE
NAME **INGLES, LUIS I**
STREET ADDRESS **PAN AMERICAN LIFE CENTER**
CITY-ST-ZIP **NEW ORLEANS LA**

TITLE **SVPD** ☐ DELETE
NAME **PURVIS, G FRANK**
STREET ADDRESS **PAN AMERICAN LIFE CENTER**
CITY-ST-ZIP **NEW ORLEANS LA**

TITLE **DVP** ☒ DELETE
NAME **LEBLANC, SIDNEY A**
STREET ADDRESS **PAN AMERICAN LIFE CENTER**
CITY-ST-ZIP **NEW ORLEANS LA 70130**

TITLE **VPCS** ☐ DELETE
NAME **STEEN, WILLIAM T**
STREET ADDRESS **PAN AMERICAN LIFE CENTER**
CITY-ST-ZIP **NEW ORLEANS LA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **C/CEO/D** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **P/COO/D** ☐ Change ☒ Addition
2.2 NAME **JOBE, JAN S.**
2.3 STREET ADDRESS **PAN-AMERICAN LIFE CENTER**
2.4 CITY-ST-ZIP **NEW ORLEANS, LA 70130**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

APRIL 29, 1999

(504) 566-3783

Date

Daytime Phone #

CR2E034 (11/98)