

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 850451

1. Entity Name

PAN-AMERICAN ASSURANCE COMPANY

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90031 008 ***150.00

Principal Place of Business

Mailing Address

PAN-AMERICAN LIFE CENTER
NEW ORLEANS LA 70130

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

72-0917222

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
STATE CAPITOL
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~CEO~~ ☒ Delete
NAME ~~ROBERTS, JOHN K~~
STREET ADDRESS ~~PAN-AMERICAN LIFE CENTER~~
CITY-ST-ZIP ~~NEW ORLEANS LA~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PCOD ☐ Delete
NAME JOBE, JAN S
STREET ADDRESS PAN AMERICAN LIFE CENTER
CITY-ST-ZIP NEW ORLEANS LA

TITLE P/CEO/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/VP/CFO ☐ Change ☐ Addition
NAME PEGGY B. SCOTT
STREET ADDRESS PAN-AMERICAN LIFE CENTER
CITY-ST-ZIP NEW ORLEANS, LA

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William T. Steen
WILLIAM T. STEEN, VICE PRESIDENT,

APRIL 25, 2000

(504) 566-3783

Date

Daytime Phone #

GENERAL COUNSEL AND CORPORATE SECRETARY

CR2E034 (9/99)