

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90192 008 ***150.00

0631866

DOCUMENT # 850451

1. Entity Name

PAN-AMERICAN ASSURANCE COMPANY

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

Zip

Country

Zip

Country

4. FEI Number **72-0917222**

Applied For
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

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, 2001 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	<input type="checkbox"/> Delete
NAME	ROBERTS, JOHN K	
STREET ADDRESS	PAN AMERICAN LIFE CENTER	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	JOBE, JAN S	
STREET ADDRESS	PAN AMERICAN LIFE CENTER	
CITY-ST-ZIP	NEW ORLEANS LA	
NAME	INGLES, LUIS I	<input type="checkbox"/> Delete
STREET ADDRESS	PAN AMERICAN LIFE CENTER	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	PURVIS, G FRANK	
STREET ADDRESS	PAN AMERICAN LIFE CENTER	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	VPCS	<input type="checkbox"/> Delete
NAME	STEEN, WILLIAM T	
STREET ADDRESS	PAN AMERICAN LIFE CENTER	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	DVPC	<input type="checkbox"/> Delete
NAME	SCOTT, PEGGY B	
STREET ADDRESS	PAN AMERICAN LIFE CENTER	
CITY-ST-ZIP	NEW ORLEANS LA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM T. STEEN

04/30/01

Date

(504) 566-3782

Daytime Phone #

CR2E034 (10/00)