

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 850451

1. Entity 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**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-0917222

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
JOBE, JAN S
PAN AMERICAN LIFE CENTER
NEW ORLEANS, LA**

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVPC
SCOTT, PEGGY B
PAN AMERICAN LIFE CENTER
NEW ORLEANS, LA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000006249
01/16/04-80027-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 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

1/7/2004 *504-566-3782*
Date Daytime Phone #