## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 22, 2006 8:00 am Secretary of State

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DOCUMENT # 850451  1. Entity Name PAN-AMERICAN ASSURANCE COMPANY								02-22-2000	_		
Principal Place	e of Business		Mailing Address								
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PAN-AMERICAN LIFE CENTER P. O. BOX 53372 New Orleans, La 70130 Attention William St					CAL DEDT	,					
NEW OKLEAN	NO, LA 7010	U	ATTENTION WILLIAM STEEN, LEGAL DEPT. New Orleans, La 70153-3372 US								
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	6. Name	and Address of Current I	Registered Agent				7. Name and	Address of New	v Registered	Agent	
6. Name and Address of Current Registered Agent					Name						
CHIEF FINANCIAL OFFICER											
P O BOX 6200 (32314-6200)					Street A	ddress (I	O. Box Numb	er is Not Accepta	ible)		
200 E. GA		1 0200)									
		32399-0000									
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					City				FI	Zip Cod	e
8 The above	a named entity	submits this statement for	r the purpose of changing its	ragistar	ad office or	ranietar	ed agent or ho	th in the State of	Florida Lan	familiar with	and accept
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

William T- Telm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: