

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850451

FILED
Apr 22, 2009
Secretary of State

Entity Name: PAN-AMERICAN ASSURANCE COMPANY

Current Principal Place of Business:

PAN-AMERICAN LIFE CENTER
2600
NEW ORLEANS, LA 70130

New Principal Place of Business:

PAN-AMERICAN LIFE CENTER
FLOOR 26
NEW ORLEANS, LA 70130

Current Mailing Address:

ATTN PATRICK FRAIZER
601 POYDRAS STREET 26TH FLOOR
NEW ORLEANS, LA 70130 US

New Mailing Address:

601 POYDRAS ST
FLOOR 26
NEW ORLEANS, LA 70130 US

FEI Number: 72-0917222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
FORT LAUDERDALE, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: SUQUET, JOSE
Address: 601 POYDRAS ST
City-St-Zip: NEW ORLEANS, LA 70130

Title: CFO () Delete
Name: MICKAN, CARLOS
Address: PAN AMERICAN LIFE CENTER
City-St-Zip: NEW ORLEANS, LA

Title: SVGC () Delete
Name: FRAIZER, PATRICK C
Address: PAN AMERICAN LIFE CENTER
City-St-Zip: NEW ORLEANS, LA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: SUQUET, JOSE S
Address: 601 POYDRAS ST FLOOR 28
City-St-Zip: NEW ORLEANS, LA 70130

Title: CFO (X) Change () Addition
Name: MICKAN, CARLOS F
Address: 601 POYDRAS ST FLOOR 28
City-St-Zip: NEW ORLEANS, LA 70130

Title: VPGC (X) Change () Addition
Name: FRAIZER, PATRICK C
Address: 601 POYDRAS ST FLOOR 26
City-St-Zip: NEW ORLEANS, LA 70130

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK C. FRAIZER

SVP

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date