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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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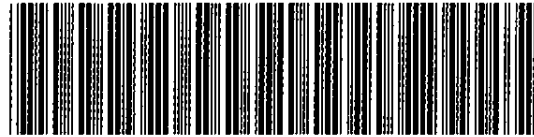
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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647

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Pan-American Assurance Company International, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Carlos E. Adame

(Name of Person)

Pan-American Life Insurance Company

(Firm/Company)

601 Poydras Street, Suite 2600

(Address)

New Orleans, Louisiana 70130

(City/State and Zip code)

For further information concerning this matter, please call:

Carlos E. Adame

(Name of Person)

at (504) 566-3594

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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TALLAHASSEE, FL

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Pan-American Assurance Company International, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Cayman Islands, BWI

(State or country under the law of which it is incorporated)

3. 98-0565782

(FEI number, if applicable)

4. July 25, 2007

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. Marsh Management Services Cayman, Ltd., 23 Lime Tree Bay Avenue, Governors Square, Building 4, 2nd Floor, P.O. BOX 1061, KYI-1102, George, Town, Grand Cayman, Cayman Islands

(Principal office address)

International Administrative Services, Inc., P.O. BOX 61020, New Orleans, LA 70161-1020

(Current mailing address)

8. Transaction of insurance and related activities

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

CT Corporation System

Office Address:

1200 South Pine Island Road

Plantation

(City)

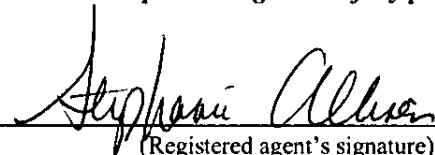
, Florida 33324

(Zip code)

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TALLAHASSEE, FLORIDA

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

Stephanie Allison
Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Carlos F. Mickan

Address: 601 Poydras Street, 28th Floor, New Orleans, Louisiana 70130

Vice Chairman: _____

Address: _____

Director: Rodolfo J. Revuelta

Address: 601 Poydras Street, 28th Floor, New Orleans, Louisiana 70130

Director: Gregg Schneider

Address: 601 Poydras Street, 28th Floor, New Orleans, Louisiana 70130

B. OFFICERS

President: Carlos F. Mickan

Address: 601 Poydras Street, 28th Floor, New Orleans, Louisiana 70130

Vice President: Rodolfo J. Revuelta

Address: 601 Poydras Street, 28th Floor, New Orleans, Louisiana 70130

Secretary: Carlos E. Adame

Address: 601 Poydras Street, Suite 2600, New Orleans, Louisiana 70130

Treasurer: Lory Anne Dupuy

Address: 601 Poydras Street, 28th Floor, New Orleans, Louisiana 70130

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Carlos E. Adame - Secretary

(Typed or printed name and capacity of person signing application)

CR 191946

Certificate Of Good Standing

TO WHOM IT MAY CONCERN

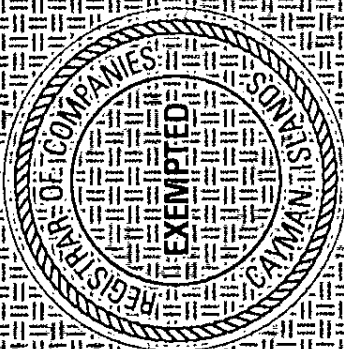
I DO HEREBY CERTIFY that

Pan American Assurance Company International, Inc.

is a company duly organized and existing under and by virtue of the Laws of the Cayman Islands

at the date of this certificate in Good Standing with the Office and duly authorized to exercise therein all the powers vested in the company

Given under my hand and Seal at George Town in the Island of Grand Cayman this 6th day of June 1946 Two Thousand Eight



[Signature]

An Authorised Officer,
Registry of Companies,
Cayman Islands.