

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850451

Entity Name: PAN-AMERICAN ASSURANCE COMPANY**Current Principal Place of Business:**601 POYDRAS STREET
NEW ORLEANS, LA 70130**Current Mailing Address:**601 POYDRAS STREET
10TH FLOOR
NEW ORLEANS, LA 70130 US**FEI Number:** 72-0917222**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E.GAINES ST.
TALLAHASSEE, FL 32301 US*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**Officer/Director Detail :****Title** DIRECTOR; CHAIRMAN OF THE
BOARD & CEO**Name** PARKER, BRUCE**Address** 121 ALHAMBRA PLAZA
SUITE 1501**City-State-Zip:** CORAL GABLES FL 33134**Title** DIRECTOR; SVP, GENERAL COUNSEL
& CORP SECRETARY**Name** CORRADA, JOSE C.**Address** 601 POYDRAS STREET
10TH FLOOR**City-State-Zip:** NEW ORLEANS LA 70130**Title** VP & TREASURER**Name** DIGGS, TIMOTHY**Address** 601 POYDRAS STREET**City-State-Zip:** NEW ORLEANS LA 70130**Title** DIRECTOR, VP, FINANCIAL
REPORTING, CONTROLLER**Name** MUNOZ, ALVARO**Address** 601 POYDRAS ST**City-State-Zip:** NEW ORLEANS LA 70130**Title** DIRECTOR, VP, CORPORATE
ACTUARY**Name** ENGERISER, PAUL T.**Address** 601 POYDRAS STREET**City-State-Zip:** NEW ORLEANS LA 70130**Title** DIRECTOR; PRESIDENT-FINANCE &
INVESTMENTS, CFO**Name** FRIEDMAN, STEVEN**Address** 601 POYDRAS STREET
SUITE 2800**City-State-Zip:** NEW ORLEANS LA 70130**Title** DIRECTOR, SVP- CHIEF INVESTMENT
OFFICER**Name** BAUDOT, LISA N.**Address** 601 POYDRAS STREET**City-State-Zip:** NEW ORLEANS LA 70130

I hereby 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 all other like empowered.

SIGNATURE: JOSE C CORRADA**SECRETARY****01/28/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date