

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850451

Entity Name: PAN-AMERICAN ASSURANCE COMPANY**Current Principal Place of Business:**601 POYDRAS STREET
SUITE 1530
NEW ORLEANS, LA 70130**Current Mailing Address:**601 POYDRAS STREET
SUITE 1530
NEW ORLEANS, LA 70130 US**FEI Number:** 72-0917222**Certificate of Status Desired:** Yes**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	PRESIDENT
Name	PARKER, BRUCE
Address	601 POYDRAS STREET SUITE 2800
City-State-Zip:	NEW ORLEANS LA 70130

Title	CFO
Name	DEMMON, DAVID
Address	601 POYDRAS STREET SUITE 2800
City-State-Zip:	NEW ORLEANS LA 70130

Title	CORPORATE SECRETARY
Name	CORRADA, JOSE C.
Address	601 POYDRAS STREET SUITE 1530
City-State-Zip:	NEW ORLEANS LA 70130

Title	EXECUTIVE VP
Name	FRIEDMAN, STEVE
Address	601 POYDRAS STREET SUITE 2600
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**CORPORATE
SECRETARY****03/04/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date