

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

25 MAY -1 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 800387 (3)
1. Corporation Name
PAN - AMERICAN LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address
**601 POYDRAS STREET
P.O. BOX 60219
NEW ORLEANS LOUISIANA 70130** **ATTN: WILLIAM STEEN, LEGAL DEPT.
12TH FLOOR
NEW ORLEANS LOUISIANA 70130
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/04/1912** 3a. Date of Last Report **07/27/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		72-0281240		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. The corporation has liability for intangible tax under s. 199.042, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
24	Zip	25	Country	29	Zip	30	Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INSURANCE COMMISSIONER OF FLORIDA THE CAPITOL TALLAHASSEE FL 32304				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1 1 TITLE	CHAIRMAN OF BOARD OF DIRECTORS Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	CASH, JAMES M. JR.	1 2 NAME	G. FRANK PURVIS, JR.
STREET ADDRESS	PAN AMERICAN LIFE CNTR	1 3 STREET ADDRESS	PAN AMERICAN LIFE CNTR
CITY-ST-ZIP	NEW ORLEANS LA	1 4 CITY-ST-ZIP	NEW ORLEANS LA
TITLE	PD	2 1 TITLE	EXECUTIVE VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS JOHN K	2 2 NAME	M. STEVENS BUMPAS
STREET ADDRESS	PAN AMERICAN LIFE CNTR	2 3 STREET ADDRESS	PAN AMERICAN LIFE CNTR
CITY-ST-ZIP	NEW ORLEANS LA	2 4 CITY-ST-ZIP	NEW ORLEANS LA
TITLE	VPS	3 1 TITLE	SR VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUMMINELLO, THEODORE	3 2 NAME	ROBERT S FORSTER
STREET ADDRESS	PAN AMERICAN LIFE CNTR	3 3 STREET ADDRESS	PAN AMERICAN LIFE CNTR
CITY-ST-ZIP	NEW ORLEANS LA	3 4 CITY-ST-ZIP	NEW ORLEANS LA
TITLE		4 1 TITLE	SR VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4 2 NAME	LUIS I INGLES JR
STREET ADDRESS		4 3 STREET ADDRESS	PAN AMERICAN LIFE CNTR
CITY-ST-ZIP		4 4 CITY-ST-ZIP	NEW ORLEANS LA
TITLE		5 1 TITLE	SR VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5 2 NAME	SIDNEY A LEBLANC
STREET ADDRESS		5 3 STREET ADDRESS	PAN AMERICAN LIFE CNTR
CITY-ST-ZIP		5 4 CITY-ST-ZIP	NEW ORLEANS LA
TITLE		6 1 TITLE	VICE PRESIDENT/ABC/ASSIST SEC Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		6 2 NAME	WILLIAM T. STEEN
STREET ADDRESS		6 3 STREET ADDRESS	PAN AMERICAN LIFE CNTR
CITY-ST-ZIP		6 4 CITY-ST-ZIP	NEW ORLEANS LA

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William T. Steen **WILLIAM T. STEEN**

4-26-95 (504) 566-3783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

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Pan-American Life Insurance Company
Document #800387 (3)

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Additions for Block #12/13.

SENIOR VICE PRESIDENT (OFFICER)
RONALD MACINNIS
207 MAKO NAKO DRIVE
MANDEVILLE, LA 70448

SENIOR VICE PRESIDENT (OFFICER)
FREDERICK JOSEPH MIKILL II
4000 COURTLAND DRIVE
METAIRIE, LA 70002

SENIOR VICE PRESIDENT (OFFICER)
EDWARD JAMES RAY, III
4632 CONLIN STREET
METAIRIE, LA 70006

DIRECTOR
JEFF HALS BENHARD
P O BOX 68
PALMETTO LA 70358

DIRECTOR
REDFIELD ERNEST BRYAN MD
7411 RIENZI BLVD
BATON ROUGE LA 70808

DIRECTOR
LAURANCE EUSTIS
1105 JEFFERSON AVENUE
NEW ORLEANS, LA 70115

DIRECTOR
HENRY GOODRICH
5802 GILBERT
SHREVEPORT, LA 71101

DIRECTOR
RICHARD LANE HINDERMANN
5424 BELLAIRE DRIVE
NEW ORLEANS, LA 70124

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Additions for Block #12/13. (CONTINUED)

DIRECTOR
GEORGE WILLIAM JAMES, JR
501 CHAUTAUQUA ROAD
RUSTON, LA 71270

DIRECTOR
JOHN JAMES KELLY
951 EMERALD STREET
NEW ORLEANS, LA 70124

DIRECTOR
HERMAN MOYSE, JR.
314 E. WOODSTONE COURT
BATON ROUGE, LA 70808

DIRECTOR
ROBERT L. PETTIT, JR.
7 GARDEN LANE
NEW ORLEANS, LA 70124

DIRECTOR
EDWARD M. SIMMONS
GENERAL DELIVERY
AVERY ISLAND, LA 70513