


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 800387 1. Entity Name PAN - AMERICAN LIFE INSURANCE COMPANY	
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Principal Place of Business 601 POYDRAS STREET P.O. BOX 60219 NEW ORLEANS, LA 70130	Mailing Address ATTN: WILLIAM STEEN, LEGAL DEPT. 12TH FLOOR NEW ORLEANS, LA 70130 US
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 72-0281240	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVGC WILLIAM T STEEN PAN AMERICAN LIFE CNTR, 12TH FL NEW ORLEANS, LA 70130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CED PURVIS, G. F JR. PAN AMERICAN LIFE CNTR NEW ORLEANS, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT INGLES, LUIS I JR PAN AMERICAN LIFE CNTR NEW ORLEANS, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO JOBE, JAN S PAN AMERICAN LIFE CNTR NEW ORLEANS, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SCHEXNAYDER, TODD PAN AMERICAN LIFE CNTR, 16TH FL NEW ORLEANS, FL 70130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOBE, JAN S PAN AMERICAN LIFE CNTR NEW ORLEANS, LA

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01/26/04-80009-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William T Steen Date: 1/12/04 Daytime Phone #: 504-566-3782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR