


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90043 006 ***150.00

DOCUMENT # 800387					
1. Entity Name PAN - AMERICAN LIFE INSURANCE COMPANY					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 72-0281240	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		Zip Code
FL			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00. Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SVGC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAM T STEEN	NAME			
STREET ADDRESS	PAN AMERICAN LIFE CNTR, 12TH FL	STREET ADDRESS			
CITY-ST-ZIP	NEW ORLEANS LA 70130	CITY-ST-ZIP			
TITLE	CEC <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PURVIS, G. F JR.	NAME			
STREET ADDRESS	PAN AMERICAN LIFE CNTR	STREET ADDRESS			
CITY-ST-ZIP	NEW ORLEANS LA	CITY-ST-ZIP			
TITLE	SVPT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	INGLES, LUIS L JR	NAME	Carlos Mickan		
STREET ADDRESS	PAN AMERICAN LIFE CNTR ✓	STREET ADDRESS			
CITY-ST-ZIP	NEW ORLEANS LA ✓	CITY-ST-ZIP			
TITLE	SVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHEXNAYDER, TODD	NAME			
STREET ADDRESS	PAN AMERICAN LIFE CNTR, 16TH FL	STREET ADDRESS			
CITY-ST-ZIP	NEW ORLEANS FL 70130	CITY-ST-ZIP			
TITLE	CEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JOSE SUQUET	NAME			
STREET ADDRESS	601 Poydras St	STREET ADDRESS			
CITY-ST-ZIP	New Orleans LA 70130	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			



1st MOORE CR2E034 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 3/16/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #