


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90042 041 ***150.00

DOCUMENT # 800387

1. Entity Name
PAN - AMERICAN LIFE INSURANCE COMPANY



40016304



Principal Place of Business
**601 POYDRAS STREET
 P.O. BOX 60219
 NEW ORLEANS, LA 70130**

Mailing Address
**ATTN: PATRICK FRAIZER
 12TH FLOOR
 NEW ORLEANS, LA 70130 US**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
**601 Poydras Street
 26th Floor**

Suite, Apt. #, etc.
26th Floor

01232008 Chg-P CR2E034 (12/06)

City & State
New Orleans, LA

4. FEI Number
72-0281240

Applied For
 Not Applicable

Zip
70130

Country
US

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**

7. Name and Address of New Registered Agent
 Name
Ct Corporation System
 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
 City
Plantation FL Zip Code
33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 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 FRAIZER, PATRICK C <input type="checkbox"/> Delete PAN AMERICAN LIFE CNTR, 12TH FL NEW ORLEANS, LA 70130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPT MICKAN, CARLOS <input type="checkbox"/> Delete PAN AMERICAN LIFE CNTR NEW ORLEANS, LA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO SUQUET, JOSE <input type="checkbox"/> Delete 601 POYDRAS ST NEW ORLEANS, LA 70130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 601 Poydras Street, 26th Floor
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Patrick Fraizer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #