

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 800387 (3)

1. Corporation Name
PAN - AMERICAN LIFE INSURANCE COMPANY



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

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: 05/04/1912
3a. Date of Last Report: 05/01/1995
4. FEI Number: 72-0281240
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [] No []

9. Name and Address of Current Registered Agent: INSURANCE COMMISSIONER OF FLORIDA, THE CAPITOL, TALLAHASSEE FL 32304
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP CASH, JAMES M. JR. PAN AMERICAN LIFE CNTR NEW ORLEANS LA	1.1 TITLE	[] Change [] Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE	PD ROBERTS JOHN K PAN AMERICAN LIFE CNTR NEW ORLEANS LA	2.1 TITLE	[] Change [] Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	VPS TUMMINELLO, THEODORE PAN AMERICAN LIFE CNTR NEW ORLEANS LA	3.1 TITLE	[] Change [] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	COO PURVIS, G. F. JR. PAN AMERICAN LIFE CNTR NEW ORLEANS LA	4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	EVP BUMPAS, M. S PAN AMERICAN LIFE CNTR NEW ORLEANS LA	5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	SVP FORSTER, ROBERT S PAN AMERICAN LIFE CNTR NEW ORLEANS LA	6.1 TITLE	SVP/GC/CORP SECRETARY [X] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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 119.07(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* VICE PRESIDENT ASSOC GENERAL COUNSEL
WILLIAM T. STEEN
4/29/96 (504) 566-3783

CR2E034 (12/95)