

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 800387

**Entity Name:** PAN - AMERICAN LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

601 POYDRAS STREET  
SUITE 1530  
NEW ORLEANS, LA 70130

**Current Mailing Address:**

601 POYDRAS STREET  
SUITE 1530  
NEW ORLEANS, LA 70130 US

**FEI Number:** 72-0281240

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P.O. BOX 6200 32314  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO  
Name            SOUQUET, JOSE  
Address        601 POYDRAS ST 28TH FLR  
City-State-Zip: NEW ORLEANS LA 70130

Title            CFO  
Name            MICKAN, CARLOS  
Address        601 POYDRAS ST 28TH FLR  
City-State-Zip: NEW ORLEANS LA 70130

Title            EVPGC  
Name            FRAIZER, PATRICK C  
Address        601 POYDRAS ST  
                  SUITE 1530  
City-State-Zip: NEW ORLEANS LA 70130

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: PATRICK FRAIZER**

**SECRETARY**

**04/26/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date