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**Apr 22 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

3. Date Incorporated or Qualified: **05/04/1912** 3a. Date of Last Report: **05/01/1996**
4. FEI Number: **72-0281240** Applied For: Not Applicable:
6. 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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	SVP	<input type="checkbox"/> DELETE
NAME	CASH, JAMES M. JR.	
STREET ADDRESS	PAN AMERICAN LIFE CNTR	
CITY - ST - ZIP	NEW ORLEANS LA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROBERTS JOHN K	
STREET ADDRESS	PAN AMERICAN LIFE CNTR	
CITY - ST - ZIP	NEW ORLEANS LA	
TITLE	COD	<input type="checkbox"/> DELETE
NAME	PURVIS, G. F. JR.	
STREET ADDRESS	PAN AMERICAN LIFE CNTR	
CITY - ST - ZIP	NEW ORLEANS LA	
TITLE	EMP	XXXX DELETE
NAME	BUMPAS, M. S.	
STREET ADDRESS	PAN AMERICAN LIFE CNTR	
CITY - ST - ZIP	NEW ORLEANS LA	
TITLE	SVP	XXXX DELETE
NAME	FORSTER, ROBERT S.	
STREET ADDRESS	PAN AMERICAN LIFE CNTR	
CITY - ST - ZIP	NEW ORLEANS LA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SENIOR VICE PRES & TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LUIS I. INGLES, JR.	
1.3 STREET ADDRESS	PAN AMERICAN LIFE CNTR	
1.4 CITY - ST - ZIP	NEW ORLEANS LA 70130	
2.1 TITLE	SENIOR VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SIDNEY A. LEBLANC	
2.3 STREET ADDRESS	PAN AMERICAN LIFE CNTR	
2.4 CITY - ST - ZIP	NEW ORLEANS LA 70130	
3.1 TITLE	EXECUTIVE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	W. TIMOTHY KNECHTEL	
3.3 STREET ADDRESS	PAN AMERICAN LIFE CNTR	
3.4 CITY - ST - ZIP	NEW ORLEANS LA 70130	
4.1 TITLE	EXECUTIVE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RONALD MACINNIS	
4.3 STREET ADDRESS	PAN AMERICAN LIFE CNTR	
4.4 CITY - ST - ZIP	NEW ORLEANS, LA 70130	
5.1 TITLE	SENIOR VP, GEN CNSL & CORP SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WILLIAM T. STEEN	
5.3 STREET ADDRESS	PAN AMERICAN LIFE CNTR	
5.4 CITY - ST - ZIP	NEW ORELANS, LA 70130	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 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** **4/11/97** **(504) 566-3783**
WILLIAM T. STEEN, SR VICE PRES, GC & CORP SEC Date Daytime Phone # 0527908

CR2E034 (9/96)