

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 800387

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

**Current Principal Place of Business:**

601 POYDRAS STREET  
NEW ORLEANS, LA 70130

**Current Mailing Address:**

601 POYDRAS STREET  
10TH FLOOR  
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 DIRECTOR; CHAIRMAN OF THE BOARD & CEO  
Name SUQUET, JOSE S.  
Address 601 POYDRAS STREET SUITE 2800  
City-State-Zip: NEW ORLEANS LA 70130

Title PRESIDENT - GLOBAL BENEFITS  
Name DICIANNI, ROBERT  
Address 601 POYDRAS STREET  
City-State-Zip: NEW ORLEANS LA 70130

Title SVP, GENERAL COUNSEL & CORP SECRETARY  
Name CORRADA, JOSE C.  
Address 601 POYDRAS STREET 10TH FLOOR  
City-State-Zip: NEW ORLEANS LA 70130

Title PRESIDENT-FINANCE & INVESTMENTS, CFO  
Name FRIEDMAN, STEVEN  
Address 601 POYDRAS STREET SUITE 2800  
City-State-Zip: NEW ORLEANS LA 70130

Title PRESIDENT-GLOBAL LIFE  
Name PARKER, BRUCE  
Address 121 ALHAMBRA PLAZA SUITE 1501  
City-State-Zip: CORAL GABLES FL 33134

Title VP - TREASURY OPERATIONS  
Name DIGGS, TIMOTHY  
Address 601 POYDRAS STREET  
City-State-Zip: NEW ORLEANS LA 70130

Title EXECUTIVE VP - INTERNATIONAL MARKETS  
Name COSTELLO, DANIEL  
Address 601 POYDRAS ST  
City-State-Zip: NEW ORLEANS LA 70130

Title CHIEF ACTUARY & CHIEF RISK OFFICER  
Name EHRLICH, SELIG  
Address 601 POYDRAS ST  
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:** JOSE CORRADA

**SECRETARY**

**02/20/2024**

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

\_\_\_\_\_  
Date