

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 800387 (3)**  
 1. Corporation Name  
**PAN - AMERICAN LIFE INSURANCE COMPANY**



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/04/1912</b>
4. FEI Number <b>72-0281240</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>SVP</del> <b>GASH, JAMES M. JR.</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>PAN-AMERICAN LIFE CNTR</del>	1.2 NAME	<b>SR VP, GC, CORP SEC</b>
STREET ADDRESS	<del>NEW ORLEANS LA</del>	1.3 STREET ADDRESS	<b>WILLIAM T. STEEN</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>PAN-AMERICAN LIFE CNTR, 12TH FLOOR</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTS JOHN K</b>	2.2 NAME	
STREET ADDRESS	<b>PAN AMERICAN LIFE CNTR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW ORLEANS LA</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PURVIS, G. F. JR.</b>	3.2 NAME	
STREET ADDRESS	<b>PAN AMERICAN LIFE CNTR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW ORLEANS LA</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SVPT</b>	4.2 NAME	
STREET ADDRESS	<b>INGLES, LUIS I JR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PAN AMERICAN LIFE CNTR</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SVP</b>	5.2 NAME	
STREET ADDRESS	<b>LEBLANC, SIDNEY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PAN AMERICAN LIFE CNTR</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MACINNIS, RONALD</b>	6.2 NAME	<b>SR VP, HUMAN RESOURCES</b>
STREET ADDRESS	<b>PAN AMERICAN LIFE CNTR</b>	6.3 STREET ADDRESS	<b>VICKI CANSLER</b>
CITY-ST-ZIP	<b>NEW ORLEANS LA</b>	6.4 CITY-ST-ZIP	<b>PAN-AMERICAN LIFE CNTR, 16TH FLOOR</b>

14. I 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.

CR2E034 (10/97)