

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90125 043 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **800387**

1. Corporation Name  
**PAN - AMERICAN LIFE INSURANCE COMPANY**



DO NOT WRITE IN THIS SPACE

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**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

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 **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | SVP <input type="checkbox"/> DELETE            | 1.1 TITLE   | SVP/GC/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | WILLIAM T STEEN                                | 1.2 NAME  |  |
| STREET ADDRESS             | PAN AMERICAN LIFE CNTR, 12TH FL                | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | NEW ORLEANS LA 70130                           | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | PD <input type="checkbox"/> DELETE             | 2.1 TITLE   | CEO/C / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |
| NAME                       | ROBERTS JOHN K                                 | 2.2 NAME  |  |
| STREET ADDRESS             | PAN AMERICAN LIFE CNTR                         | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | NEW ORLEANS LA                                 | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | COD <input type="checkbox"/> DELETE            | 3.1 TITLE   | CHAIRMAN EMERITUS/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PURVIS, G. F JR.                               | 3.2 NAME  |  |
| STREET ADDRESS             | PAN AMERICAN LIFE CNTR                         | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | NEW ORLEANS LA                                 | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | SVPT <input type="checkbox"/> DELETE           | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| NAME                       | INGLES, LUIS I JR                              | 4.2 NAME  |  |
| STREET ADDRESS             | PAN AMERICAN LIFE CNTR                         | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | NEW ORLEANS LA                                 | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | SVP <input checked="" type="checkbox"/> DELETE | 5.1 TITLE   | P/D/COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |
| NAME                       | LEBLANC, SIDNEY                                | 5.2 NAME  | JOBE, JAN S.   |
| STREET ADDRESS             | PAN AMERICAN LIFE CNTR                         | 5.3 STREET ADDRESS                                    | PAN-AMERICAN LIFE CNTR, 28TH FLR   |
| CITY-ST-ZIP                | NEW ORLEANS LA                                 | 5.4 CITY-ST-ZIP                                       | NEW ORLEANS, LA 70130  |
| TITLE                      | SVP <input checked="" type="checkbox"/> DELETE | 6.1 TITLE   | SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                 |
| NAME                       | VICKI CANSLER                                  | 6.2 NAME  | SCHEXNAYDER, TODD  |
| STREET ADDRESS             | PAN AMERICAN LIFE CNTR, 16TH FL                | 6.3 STREET ADDRESS                                    | PAN-AMERICAN LIFE CNTR, 16TH FLR   |
| CITY-ST-ZIP                | NEW ORLEANS FL 70130                           | 6.4 CITY-ST-ZIP                                       | NEW ORLEANS, LA 70130  |

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ APRIL 29, 1999 (504) 566-3783  
Date Daytime Phone #

CR2E034 (11/98)