

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90957 021 ***150.00

DOCUMENT # 800387

1. Entity Name

PAN - AMERICAN LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

601 POYDRAS STREET
 P.O. BOX 60219
 NEW ORLEANS LOUISIANA 70130

ATTN: WILLIAM STEEN, LEGAL DEPT.
 12TH FLOOR
 NEW ORLEANS LOUISIANA 70130
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **72-0281240**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER OF FLORIDA
 THE CAPITOL
 TALLAHASSEE FL 32304**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	SVGC			<input type="checkbox"/>
WILLIAM T STEEN		PAN AMERICAN LIFE CNTR, 12TH FL	NEW ORLEANS LA 70130	
	CEO			<input checked="" type="checkbox"/>
ROBERTS JOHN K.		PAN AMERICAN LIFE CNTR	NEW ORLEANS LA	
	CEO			<input type="checkbox"/>
PURVIS, G. F. JR.		PAN AMERICAN LIFE CNTR	NEW ORLEANS LA	
	SVPT			<input type="checkbox"/>
INGLES, LUIS I JR		PAN AMERICAN LIFE CNTR	NEW ORLEANS LA	
	PDCO			<input type="checkbox"/>
JOBE, JAN S		PAN AMERICAN LIFE CNTR	NEW ORLEANS LA	
	SVP			<input type="checkbox"/>
SCHEXNAYDER, TODD		PAN AMERICAN LIFE CNTR, 16TH FL	NEW ORLEANS FL 70130	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	P/CEO			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William T Steen

APRIL 25, 2000

(504) 566-3783

WILLIAM T. STEEN, SENIOR VICE PRESIDENT

Date

Daytime Phone #

GENERAL COUNSEL AND CORPORATE SECRETARY

CR2E034 (9/99)