

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90192 007 \*\*\*150.00

0631865

**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 LA 70130**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **72-0281240**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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, 2001 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	<b>SVGC</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAM T STEEN</b>	
STREET ADDRESS	<b>PAN AMERICAN LIFE CNTR, 12TH FL</b>	
CITY-ST-ZIP	<b>NEW ORLEANS LA 70130</b>	
TITLE	<b>CED</b>	<input type="checkbox"/> Delete
NAME	<b>PURVIS, G. F JR.</b>	
STREET ADDRESS	<b>PAN AMERICAN LIFE CNTR</b>	
CITY-ST-ZIP	<b>NEW ORLEANS LA</b>	
TITLE	<b>SVPT</b>	<input type="checkbox"/> Delete
NAME	<b>INGLES, LUIS I JR</b>	
STREET ADDRESS	<b>PAN AMERICAN LIFE CNTR</b>	
CITY-ST-ZIP	<b>NEW ORLEANS LA</b>	
TITLE	<b>PDCO</b>	<input type="checkbox"/> Delete
NAME	<b>JOBE, JAN S</b>	
STREET ADDRESS	<b>PAN AMERICAN LIFE CNTR</b>	
CITY-ST-ZIP	<b>NEW ORLEANS LA</b>	
TITLE	<b>SVP</b>	<input type="checkbox"/> Delete
NAME	<b>SCHEXNAYDER, TODD</b>	
STREET ADDRESS	<b>PAN AMERICAN LIFE CNTR, 16TH FL</b>	
CITY-ST-ZIP	<b>NEW ORLEANS FL 70130</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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*

04/30/01

(504) 566-3782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**WILLIAM T. STEEN**

CR2E034 (10/00)