

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 850451 (6)

1. Corporation Name  
**PAN-AMERICAN ASSURANCE COMPANY**



Principal Place of Business: **PAN-AMERICAN LIFE CENTER NEW ORLEANS LA 70130**  
Mailing Address: **P. O. BOX 53372 ATTENTION WILLIAM STEEN, LEGAL DEPT. NEW ORLEANS LA 70153-3372 US**

3. Date Incorporated or Qualified: **09/22/1981**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **72-0917222**  
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 has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **INSURANCE COMMISSIONER STATE CAPITOL TALLAHASSEE FL 32301**  
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 **FL**

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 re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD ROBERTS, JOHN K PAN AMERICAN LIFE CENTER NEW ORLEANS LA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<del>CS</del> TUMMINELLO, THEODORE PAN AMERICAN LIFE CENTER NEW ORLEANS LA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPD LEBLANC, SIDNEY A. PAN AMERICAN LIFE CENTER NEW ORLEANS LA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<del>VPD</del> NEWTON, WARREN S JR PAN AMERICAN LIFE CENTER NEW ORLEANS LA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD INGLES, LUIS I PAN AMERICAN LIFE CENTER NEW ORLEANS LA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VPD PURVIS, G FRANK PAN AMERICAN LIFE CENTER NEW ORLEANS LA	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *William T. Steen* VICE PRESIDENT ASSOCIATE GENERAL COUNSEL 4/29/96 (504) 566-3783  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

**FLORIDA'S**  
**CORPORATION ANNUAL REPORT**

**1996**

***Pan-American Assurance Company***  
***Document #850451 (6)***

**Additions for Block #13. (*BOLD* Title reflects change)**

**VICE PRESIDENT (*Director/Officer*)**

**WILLIAM T. KNECHTEL  
PAN-AMERICAN LIFE CNTR  
NEW ORLEANS, LA 70130**

**VICE PRESIDENT/GENERAL COUNSEL/*CORPORATE SECRETARY* (*Officer*)**

**ROBERT S. FORSTER  
PAN-AMERICAN LIFE CNTR  
NEW ORLEANS, LA 70130**

**VICE PRESIDENT (*Officer*)**

**MERRIT STEVENS BUMPAS  
PAN AMERICAN LIFE CNTR  
NEW ORLEANS, LA 70130**

**VICE PRESIDENT (*Officer*)**

**JAMES MARTIN CASH, JR.  
PAN AMERICAN LIFE CNTR  
NEW ORLEANS, LA 70130**

**VICE PRESIDENT (*Officer*)**

**JAIRO A. FERREIRA  
PAN AMERICAN LIFE CNTR  
NEW ORLEANS, LA 70130**

**VICE PRESIDENT (*Officer*)**

**JOHN CLYDE HERRINGTON  
PAN AMERICAN LIFE CNTR  
NEW ORLEANS, LA 70130**

**VICE PRESIDENT/CONTROLLER (*Officer*)**

**D. GARRY LONGAKER  
PAN AMERICAN LIFE CNTR  
NEW ORLEANS, LA 70130**

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**Additions for Block #13. (Continued)**

VICE PRESIDENT (*Officer*)  
FREDERICK JOSEPH MIKILL II  
PAN AMERICAN LIFE CNTR  
NEW ORLEANS, LA 70130

VICE PRESIDENT (*Officer*)  
JOHNNY L. ORR  
PAN AMERICAN LIFE CNTR  
NEW ORLEANS, LA 70130

VICE PRESIDENT (*Officer*)  
P. W. POLK, JR.  
PAN AMERICAN LIFE CNTR  
NEW ORLEANS, LA 70130

VICE PRESIDENT (*Officer*)  
EDWARD JAMES RAY, III  
PAN AMERICAN LIFE CNTR  
NEW ORLEANS, LA 70130

VICE PRESIDENT (*Officer*)  
RODOLFO J. REVUELTA  
PAN AMERICAN LIFE CNTR  
NEW ORLEANS, LA 70130

VICE PRESIDENT/ASSOC GEN COUNSEL/ASSIST SEC (*Officer*)  
WILLIAM T. STEEN  
PAN AMERICAN LIFE CNTR  
NEW ORLEANS, LA 70130