

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 850451

**Entity Name:** PAN-AMERICAN ASSURANCE COMPANY

**Current Principal Place of Business:**

601 POYDRAS STREET  
SUITE 1530  
NEW ORLEANS, LA 70130

**Current Mailing Address:**

601 POYDRAS STREET  
SUITE 1530  
NEW ORLEANS, LA 70130 US

**FEI Number:** 72-0917222

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E.GAINES ST.  
TALLAHASSEE, FL 32301 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PARKER, BRUCE  
Address        601 POYDRAS STREET  
                  SUITE 2800  
City-State-Zip: NEW ORLEANS LA 70130  
  
Title            CORPORATE SECRETARY  
Name            CORRADA, JOSE C.  
Address        601 POYDRAS STREET  
                  SUITE 1530  
City-State-Zip: NEW ORLEANS LA 70130

Title            CFO  
Name            DEMMON, DAVID  
Address        601 POYDRAS STREET  
                  SUITE 2800  
City-State-Zip: NEW ORLEANS LA 70130  
  
Title            EXECUTIVE VP  
Name            FRIEDMAN, STEVE  
Address        601 POYDRAS STREET  
                  SUITE 2600  
City-State-Zip: NEW ORLEANS LA 70130

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSE C. CORRADA

**CORPORATE SECRETAR    03/04/2021**

Electronic Signature of Signing Officer/Director Detail

Date