

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 850451

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

**Current Principal Place of Business:**

601 POYDRAS STREET  
10TH FLOOR  
NEW ORLEANS, LA 70130

**Current Mailing Address:**

601 POYDRAS STREET  
10TH FLOOR  
NEW ORLEANS, LA 70130 US

**FEI Number:** 72-0917222

**Certificate of Status Desired:** No

**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           DIRECTOR, PRESIDENT, CEO  
Name           PARKER, BRUCE  
Address        121 ALHAMBRA PLAZA  
                  SUITE 1501  
City-State-Zip: CORAL GABLES FL 33134

Title           DIRECTOR, CFO  
Name           DEMMON, DAVID  
Address        601 POYDRAS STREET  
                  SUITE 2800  
City-State-Zip: NEW ORLEANS LA 70130

Title           DIRECTOR, SENIOR VP, GENERAL  
                  COUNSEL & CORP SECRETARY  
Name           CORRADA, JOSE C.  
Address        601 POYDRAS STREET  
                  10TH FLOOR  
City-State-Zip: NEW ORLEANS LA 70130

Title           DIRECTOR, PRESIDENT FINANCE &  
                  INVESTMENTS  
Name           FRIEDMAN, STEVEN  
Address        601 POYDRAS STREET  
                  SUITE 2800  
City-State-Zip: NEW ORLEANS LA 70130

Title           TREASURER  
Name           DIGGS, TIMOTHY  
Address        601 POYDRAS STREET  
City-State-Zip: NEW ORLEANS LA 70130

Title           DIRECTOR  
Name           ENGERISER, PAUL  
Address        601 POYDRAS STREET  
City-State-Zip: NEW ORLEANS LA 70130

Title           DIRECTOR  
Name           BAUDOT, LISA N.  
Address        601 POYDRAS STREET  
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  
SECRETARY**

**04/15/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date