

4-22-97 B-5143 -C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

 FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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**

2. Principal Place of Business
 21 Suite Apt. # etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

3. Date Incorporated or Qualified
09/22/1981

3a. Date of Last Report
05/01/1996

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

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 **FL** 85 Zip Code

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, JOHN K	1.2 NAME	
STREET ADDRESS	PAN AMERICAN LIFE CENTER	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBLANC, SIDNEY A.	2.2 NAME	
STREET ADDRESS	PAN AMERICAN LIFE CENTER	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGLES, LUIS I	3.2 NAME	
STREET ADDRESS	PAN AMERICAN LIFE CENTER	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURVIS, G FRANK	4.2 NAME	
STREET ADDRESS	PAN AMERICAN LIFE CENTER	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	EXEC VICE PRESIDENT & DIRECTOR
STREET ADDRESS		5.3 STREET ADDRESS	W TIMOTHY KNECHTEL
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PAN AMERICAN LIFE CNTR NEW ORLEANS, LA 70130
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VP, GEN CNSL & CORP SEC
STREET ADDRESS		6.3 STREET ADDRESS	WILLIAM T. STEEN
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PAN AMERICAN LIFE CNTR NEW ORLEANS LA 70130

14. I do 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 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 DATE: **4/11/97** (504) 566-3783
 WILLIAM T. STEEN, VP, GEN & CORP SEC

CR2E034 (9/96)