

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 850451**

1. Entity Name

**PAN-AMERICAN ASSURANCE COMPANY**

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90031 008 \*\*\*150.00

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>72-0917222</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER STATE CAPITOL TALLAHASSEE FL 32301</b>		7. Name and Address of New Registered Agent	
		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 \_\_\_\_\_ (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. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <del>CEO</del>	<input checked="" type="checkbox"/> Delete <del>ROBERTS, JOHN K</del>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	<del>PAN AMERICAN LIFE CENTER</del>	STREET ADDRESS	
CITY-ST-ZIP	<del>NEW ORLEANS LA</del>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	<b>PCOD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JOBE, JAN S</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	<del>DVPT</del>	STREET ADDRESS	
CITY-ST-ZIP	<del>INGLES, LUIS I</del>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	<b>SVPD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PURVIS, G FRANK</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	<b>VPCS</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>STEEN, WILLIAM T</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	<b>D/VP/CFO</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PEGGY B. SCOTT</b>	CITY-ST-ZIP	
		STREET ADDRESS	<b>PAN-AMERICAN LIFE CENTER</b>
		CITY-ST-ZIP	<b>NEW ORLEANS, LA</b>

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 APRIL 25, 2000 (504) 566-3783  
 WILLIAM T. STEEN, VICE PRESIDENT, GENERAL COUNSEL AND CORPORATE SECRETARY  
 Date Daytime Phone #

CR2E034 (9/99)