

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90008 022 ***150.00

DOCUMENT # 850451
 1. Entity 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
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2. Principal Place of Business Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **72-0917222** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
STATE CAPITOL
TALLAHASSEE FL 32301**

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 *[Signature]* Signature, typed or printed name of registered agent and title if applicable. (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. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CEO	ROBERTS, JOHN K - PAN-AMERICAN LIFE CENTER NEW ORLEANS LA	<input type="checkbox"/>			<input type="checkbox"/>
PCEO	JOBÉ, JAN S PAN AMERICAN LIFE CENTER NEW ORLEANS LA	<input type="checkbox"/>			<input type="checkbox"/>
DVPT	INGLES, LUIS I PAN AMERICAN LIFE CENTER NEW ORLEANS LA	<input type="checkbox"/>			<input type="checkbox"/>
SVPD	PURVIS, G FRANK PAN AMERICAN LIFE CENTER NEW ORLEANS LA	<input type="checkbox"/>			<input type="checkbox"/>
VPCS	STEEN, WILLIAM T PAN AMERICAN LIFE CENTER NEW ORLEANS LA	<input type="checkbox"/>			<input type="checkbox"/>
DVPC	SCOTT, PEGGY B PAN AMERICAN LIFE CENTER NEW ORLEANS LA	<input type="checkbox"/>			<input type="checkbox"/>

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: *[Signature]* **04/22/2002** **(504) 566-3782**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)