

1.) CORPORATION NAME:

Pan-American Benefits Solutions, Inc.

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL CORPORATE RESEARCH, LTD.
250 BROWNS HILL COURT
MIDLOTHIAN, VA 23114**

SCC ID NO: **F1811225**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1778 North Plano Rd.
Suite 310

CITY/ST/ZIP: Richardson, TX 75081

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOHN FOLEY	
TITLE:	PRESIDENT	
ADDRESS:	601 POYDRAS ST. SUITE 2800 NEW ORLEANS, LA 70130	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	STEPHEN DOUGLAS	
TITLE:	VICE PRESIDENT	
ADDRESS:	3701 W. PLANO PKWY SUITE 250 PLANO, TX 75075	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CARLO MULVENNA	
TITLE:	VICE PRESIDENT	
ADDRESS:	601 POYDRAS ST. STE. 2800 NEW ORLEANS, LA 70130	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DANIEL LAGRONE	
TITLE:	SECRETARY	
ADDRESS:	601 POYDRAS ST. STE. 2600 NEW ORLEANS, LA 70130	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ALICIA HOLDER	
TITLE:	TREASURER	
ADDRESS:	601 POYDRAS ST. SUITE 2800 NEW ORLANS, LA 70130	
CITY/ST/ZIP/CO:		

NAME: JOHN FOLEY TITLE: DIRECTOR ADDRESS: 3701 W PLANO PARKWAY SUITE 250 CITY/ST/ZIP/CO: PLANO, TX 75075	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PATRICK FRAIZER TITLE: DIRECTOR ADDRESS: 3701 W PLANO PARKWAY SUITE 250 CITY/ST/ZIP/CO: PLANO, TX 75075	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CARLOS MICKAN TITLE: DIRECTOR ADDRESS: 601 POYDRAS ST. CITY/ST/ZIP/CO: SUITE 2800 NEW ORLEANS, LA 70130	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ DANIEL LAGRONE	DANIEL LAGRONE, SECRETARY	10/31/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		