

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
PAN-AMERICAN LIFE INSURANCE COMPANY PAC (PALIC PAC)

ADDRESS (number and street) **PAN - AMERICAN LIFE CENTER**
601 POYDRAS STREET LEGAL DEPT
 Check if different than previously reported. (ACC) **NEW ORLEANS** **LA** **70130-0219**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C **C00232272** 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on **06** / **27** / **2026** in the State of **LA**
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period **05** / **14** / **2026** through **06** / **07** / **2026**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer **LAGRONE, DANIEL E., , ,**

Signature of Treasurer **LAGRONE, DANIEL E., , ,** Date **06** / **11** / **2026**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

PAN-AMERICAN LIFE INSURANCE COMPANY PAC (PALIC PAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2026"/>	<input type="text" value="129658.01"/>	<input type="text" value="129658.01"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="105422.07"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="699.34"/>	<input type="text" value="6963.40"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="106121.41"/>	<input type="text" value="136621.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10000.00"/>	<input type="text" value="40500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="96121.41"/>	<input type="text" value="96121.41"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

PAN-AMERICAN LIFE INSURANCE COMPANY PAC (PALIC PAC)

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	503.34	4103.40
(ii) Unitemized	196.00	2860.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	699.34	6963.40
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	699.34	6963.40
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	699.34	6963.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	699.34	6963.40

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	40500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10000.00	40500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10000.00	40500.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	699.34	6963.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	699.34	6963.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 10
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PAN-AMERICAN LIFE INSURANCE COMPANY PAC (PALIC PAC)

A. DICIANNI, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 POYDRAS STREET
 28TH FLOOR
 City NEW ORLEANS State LA Zip Code 70130-3300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAN-AMERICAN LIFE INSURANCE GROUP Occupation (for Individual) PRESIDENT GLOBAL BENEFITS
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2026
Transaction ID : PR1095676939215
 Amount of Each Receipt this Period
 40.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. FRUGE, ALYWIN, , , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 POYDRAS STREET
 10TH FLOOR
 City NEW ORLEANS State LA Zip Code 70130-6029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAN-AMERICAN LIFE INSURANCE GROUP Occupation (for Individual) VP INTERNAL AUDIT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2026
Transaction ID : PR499253539215
 Amount of Each Receipt this Period
 25.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. LAFLEUR, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 POYDRAS STREET
 10TH FLOOR
 City NEW ORLEANS State LA Zip Code 70130-6029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAN-AMERICAN LIFE INSURANCE GROUP Occupation (for Individual) VP U.S. GROUP
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2026
Transaction ID : PR499254039215
 Amount of Each Receipt this Period
 25.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PAN-AMERICAN LIFE INSURANCE COMPANY PAC (PALIC PAC)

A. SUQUET, JOSE, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 POYDRAS STREET
 28TH FLOOR
 City NEW ORLEANS State LA Zip Code 70130-6029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAN-AMERICAN LIFE INSURANCE GROUP Occupation (for Individual) CHAIRMAN OF THE BOARD AND CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2083.40

Date of Receipt 06 / 07 / 2026
Transaction ID : PR499254439215
 Amount of Each Receipt this Period 208.34
 Memo Item
 P/R Deduction (\$208.34 Bi-Weekly)

B. PARKER, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 ALHAMBRA PLAZA
 SUITE 1501
 City CORAL GABLES State FL Zip Code 33134-4507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAN-AMERICAN LIFE INSURANCE GROUP Occupation (for Individual) PRESIDENT GLOBAL LIFE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 07 / 2026
Transaction ID : PR499255139215
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. RAVEIRO, NOELIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 ALHAMBRA PLAZA
 SUITE 1501
 City CORAL GABLES State FL Zip Code 33134-4540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAN-AMERICAN LIFE INSURANCE GROUP Occupation (for Individual) DIRECTOR DEPUTY INTERNATIONAL
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 07 / 2026
Transaction ID : PR499255239215
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	308.34
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PAN-AMERICAN LIFE INSURANCE COMPANY PAC (PALIC PAC)

A. RECIO, FRANCISCO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 POYDRAS STREET
 10TH FLOOR
 City NEW ORLEANS State LA Zip Code 70130-6029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAN-AMERICAN LIFE INSURANCE GROUP Occupation (for Individual) EVP OPERATIONS & TECHNOLOGY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2026
Transaction ID : PR499301439215
 Amount of Each Receipt this Period
 25.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. LLUCH, MARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 ALHAMBRA PLAZA
 SUITE 1501
 City CORAL GABLES State FL Zip Code 33134-4507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAN-AMERICAN LIFE INSURANCE GROUP Occupation (for Individual) 2ND VP INTL MEDICAL UNDERWRIT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2026
Transaction ID : PR528781039215
 Amount of Each Receipt this Period
 30.00
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

C. ENAMORADO, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 POYDRAS STREET
 10TH FLOOR
 City NEW ORLEANS State LA Zip Code 70130-6029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAN-AMERICAN LIFE INSURANCE GROUP Occupation (for Individual) 2ND VP REINSURANCE ACCOUNTING
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2026
Transaction ID : PR920838739215
 Amount of Each Receipt this Period
 25.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	80.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
PAN-AMERICAN LIFE INSURANCE COMPANY PAC (PALIC PAC)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BROPHY, PAT, , ,

Mailing Address 601 POYDRAS STREET
10TH FLOOR

City NEW ORLEANS State LA Zip Code 70130-6029

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PAN-AMERICAN LIFE INSURANCE GROUP Occupation (for Individual) DIRECTOR CLAIMS OVERSIGHT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2026

Transaction ID : PR984799039215

Amount of Each Receipt this Period
25.00

Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	25.00
TOTAL This Period (last page this line number only).....	503.34

