

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

99 OCT 19 AM 9:16

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **805763**

1. Corporation Name  
**GE LIFE AND ANNUITY ASSURANCE COMPANY**

Principal Place of Business 6610 W. BROAD ST RICHMOND VA 23230	Mailing Address 6610 W. BROAD ST RICHMOND VA 23230
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>05/18/1944</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>64-0283385</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
VD	FLOURNOY, SELWYN L., JR.	6610 W BROAD ST	RICHMOND VA
SP	LANAM, LINDA LEE <i>Donita M. King</i>	8201 WEST GREYSTONE CIRCLE <i>6610 W. Broad St.</i>	RICHMOND VA
T	OVERMAN, JERRY GREY	6610 W BROAD ST	RICHMOND VA
PD	<i>Pamela S. Schertz</i>	<i>6610 W. Broad St.</i>	<i>Richmond VA</i>
			100003027191--9 -10/27/99--01106--026 ***750.00 ***750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
STATE INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32304		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent \_\_\_\_\_ Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Donita M. King* **REQUIRED** *10/14/99* *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_

CREATING (0/99)