

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90072 009 ***150.00

DOCUMENT # 805763

1. Entity Name

GE LIFE AND ANNUITY ASSURANCE COMPANY

Principal Place of Business

Mailing Address

6610 W. BROAD ST
 RICHMOND VA 23230

6610 W. BROAD ST
 RICHMOND VA 23230-1702

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-0283385

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. 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)

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, 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, 2000 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	VD	<input type="checkbox"/> Delete
NAME	FLOURNOY, SELWYN L., JR.	
STREET ADDRESS	6610 W BROAD ST	
CITY-ST-ZIP	RICHMOND VA	
TITLE	S	<input type="checkbox"/> Delete
NAME	KING, DONITA M	
STREET ADDRESS	6610 W. BROAD ST.	
CITY-ST-ZIP	RICHMOND VA	
TITLE	T	<input type="checkbox"/> Delete
NAME	OVERMAN, JERRY GREY	
STREET ADDRESS	6610 W BROAD ST	
CITY-ST-ZIP	RICHMOND VA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHUTZ, PAMELA S	
STREET ADDRESS	6610 W. BROAD ST	
CITY-ST-ZIP	RICHMOND VA 23230	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chairman & CEO	
STREET ADDRESS	Michael D. Fraizer	
CITY-ST-ZIP	6604 W. Broad Street	
	Richmond, VA 23230	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sr. V.P.	
STREET ADDRESS	Leon E. Roday	
CITY-ST-ZIP	6604 W. Broad Street	
	Richmond, VA 23230	

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: Donita M. King 3/7/00 804-281-6381
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)