

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

0580156 AT

03-31-2002 90058 028 ***150.00

DOCUMENT # **805763**

1. Entity Name
GE LIFE AND ANNUITY ASSURANCE COMPANY

Principal Place of Business Mailing Address
6610 W. BROAD ST 6610 W. BROAD ST
RICHMOND VA 23230 RICHMOND VA 23230

B0054018



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 54-0283385		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FLOURNOY, SELWYN L, JR.			NAME	Paul A. Haley		
STREET ADDRESS	6610 W BROAD ST			STREET ADDRESS	6610 W. Broad Street		
CITY-ST-ZIP	RICHMOND VA			CITY-ST-ZIP	Richmond, VA 23230		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KING, DONITA M			NAME			
STREET ADDRESS	6610 W. BROAD ST.			STREET ADDRESS			
CITY-ST-ZIP	RICHMOND VA			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRIZZIA, GARY T			NAME			
STREET ADDRESS	6610 W BROAD ST			STREET ADDRESS			
CITY-ST-ZIP	RICHMOND VA 23230			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHUTZ, PAMELA S			NAME			
STREET ADDRESS	6610 W. BROAD ST			STREET ADDRESS			
CITY-ST-ZIP	RICHMOND VA 23230			CITY-ST-ZIP			
TITLE	CFO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHUTZ, PAMELA S			NAME			
STREET ADDRESS	6610 W BROAD ST			STREET ADDRESS			
CITY-ST-ZIP	RICHMOND VA 23230			CITY-ST-ZIP			
TITLE	SRVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RODAY, LEON E			NAME			
STREET ADDRESS	6604 W BROAD ST			STREET ADDRESS			
CITY-ST-ZIP	RICHMOND VA 23230			CITY-ST-ZIP			

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: _____ DATE: _____ DAYTIME PHONE #: _____

CR2E034 (9/01)