805763

(Re	questor's Name)			
(Ad	ldress)			
(Address)				
(Ci	ty/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
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SEGGE LARY OF STATE ALLAHASSEE, FLORIDA

FILED 2006 AUG 30 AM II: 50

C. Charge C. Coulliette AUG 3 0 2006



ACCOUNT NO. : 072100000032

REFERENCE : 314738 7189970

AUTHORIZATION

COST LIMIT

ORDER DATE: August 16, 2006

ORDER TIME : 9:57 AM

ORDER NO. : 314738-010

CUSTOMER NO: 7189970

CHANGE OF AGENT

NAME:

GENWORTH LIFE AND ANNUITY

INSURANCE COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ___ PLAIN STAMPED COPY

CONTACT PERSON: Denise Mick

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statenger is submitted for a corporation organized under the laws of the State of $ extstyle extstyl$	rginia	·S	-	
1. The name of	the corporation: GENWORTH LIFE AND ANNUITY INSURANCE COMPANY l office address: 6610 West Broad Street, Richmond, VA 23230				_
2. The principa	Torrice address.				_
3. The mailing	address (if different): 6610 West Broad Street, Building 2, Richmond, VA 23230				<u></u>
4. Date of incom	poration/qualification: May 18, 1944 Document number: 805763				_
	d street address of the current registered agent and registered office on file with artment of State:	the			
	Chief Financial Officer				
	200 E Gaines Street, PO Box 6200 (32314-6200)				
	Tallahassee, FL 32399	TĂĽ	200		
6. The name an (if changed):		CKETARY AHASSEI	2006 AUG 30	FILE	- -· –
	Corporation Service Company		*	Ö	
	1201 Hays Street	OR!	=======================================		
	(P.O. Box NOT acceptable)	DA DA	Ö		
The street addr	Tallahassee, FL 32301 ress of its registered office and the street address of the business office of its reliable identical.	registere	d agen	ıt,	
Such change wauthorized by	vas authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change.	fficer so			
Thomas (Signal	THOMAS E. DUFFY, SR. (Printed or typed name/and title	yr. Ge	neva 1.3et	l Cou	nsel 14
of my duties, a document is be	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comp nd I am familiar with and accept the obligation of my position as registered o eing filed merely to reflect a change in the registered office address, I hereby as been notified in writing of this change.	lete nert	orman	ice	J
Ву: ///	in Service Company Children Company Grant Company Grant Company Gate) Gate)	1,2	004	2	
If signing on b	ehalf of an entity:				
Michelle R. Vannoy, Asst. VP					
	(Typed or Printed Name)				
	* * * FILING FEE: \$35.00 * * *				