

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 814246

1. Entity Name

LONDON PACIFIC LIFE & ANNUITY COMPANY

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90056 034 ***150.00

Principal Place of Business

Mailing Address

3109 POPLARWOOD COURT
RALEIGH NC 27604

3109 POPLARWOOD COURT
RALEIGH NC 27604-1011

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

68-0202880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COMMISSIONER OF INSURANCE
LARSON BLDG 200 E GAINES ST
TALLAHASSEE FL 32399

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
TRUEGER, ARTHUR
600 MONTGOMERY ST.
SAN FRANCISCO CA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WHITEHEAD, IAN
1755 CREEKSIDE OAKS DR
SACRAMENTO CA ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Ian K. Whitehead
1755 Creekside Oaks Dr
Sacramento, CA ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
GRESSEL, SUSAN Y
3109 POPLARWOOD CT
RALEIGH NC ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
NICHOLSON, GEORGE C.
3109 POPLARWOOD CT
RALEIGH NC ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
George C. Nicholson
3109 Poplarwood Ct.
Raleigh, NC ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

George C. Nicholson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George C. Nicholson

(919) 981-2726

Date

Daytime Phone #

CR2E034 (9/99)