

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90154 001 \*\*\*150.00

**DOCUMENT # 843339**

1. Entity Name

**PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY**

Principal Place of Business

Mailing Address

HIGHWAY 280 SOUTH. (ZIP 35223)

2801 HIGHWAY 280 SOUTH. (ZIP 35223)

BOX 2606

P.O. BOX 2606

AL 35202

BIRMINGHAM AL 35202-2606

00045000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**63-0761690**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**INSURANCE COMMISSIONER  
 THE CAPITOL BLDG  
 TALLAHASSEE FL 32301**

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	DAD	<input type="checkbox"/> Delete
NAME	NABERS, DRAYTON	
STREET ADDRESS	2801 HIGHWAY 280 SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LONG, DEBORAH J	
STREET ADDRESS	2801 HWY 280 SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STUENKEL, WAYNE E	
STREET ADDRESS	2801 HWY 280 SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	BRIGGS, R. STEPHEN	
STREET ADDRESS	2801 HIGHWAY 280 SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	MASSENGALE, JIM E.	
STREET ADDRESS	2801 HIGHWAY 280 SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	SVTD	<input type="checkbox"/> Delete
NAME	WILLIAMS, A.S. III	
STREET ADDRESS	2801 HWY 280 S	
CITY-ST-ZIP	BIRMINGHAM AL	

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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

*Deborah J. Long*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00

Date

(205) 879-9230

Daytime Phone #

CR-1034 (9/99)