

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90135 047 \*\*\*550.00

**DOCUMENT # 843339**

1. Entity Name  
**PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY**

Principal Place of Business Mailing Address  
**2801 HIGHWAY 280 SOUTH. (ZIP 35223)** **2801 HIGHWAY 280 SOUTH. (ZIP 35223)**  
**P.O. BOX 2606** **P.O. BOX 2606**  
**BIRMINGHAM AL 35202** **BIRMINGHAM AL 35202**

2. Principal Place of Business Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **63-0761690** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Johns, John D.</b> <b>2801 Hwy. 280, South</b> <b>Birmingham, AL 35223</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP/CF/D</b> <b>Ritchie, Allen W.</b> <b>2801 Hwy. 280, South</b> <b>Birmingham, AL 35223</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:** Wayne E. Stunkel **SIGNATURE REQUIRED** Wayne E. Stunkel, President + Director Stacey McIntyre  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)