2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR) ~

DOCUMENT # 843339

1. Entity Name

PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY



FILED Feb 17, 2004 8:00 am Secretary of State 02-17-2004 90008 001 ***150.00

			500 WE 190				
Principal Place	e of Business	Mailing Address					
2801 HIGHWAY 280 SOUTH, (ZIP 35223) P.O. BOX 2606 BIRMINGHAM AL 35202		2801 HIGHWAY 280 SOUTH, (ZIP 35223) P.O. BOX 2606 BIRMINGHAM AL 35202		,	54007200		
2. Principal Place of Business		3. Mailing Address		-			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)		
City & State		City & State		4. F	4. FEI Number 63-0761690 Applied For Not Applicable		
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Addi Fee Required	
6. Name and Address of Current Registered Agent				7. N	Name and Address of New Register	ed Agent	
e version of the contract of t			Name	Name			
· 🐧 PO	EF FINANCIAL OFFICER BOX 6200 (32314-6200)		Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
	E. GAINES ST LAHASSEE FL 32399-000	0					
			City		F	Zip Code	9
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
(KENDLANAMEN WEE)	ILE NOW!!! FEE IS \$150.00	**************************************		·	T		:
F Afte Make Check			Election Campaign-Financing Trust Fund Contribution.	\$5.00 Added	0 May Be to Fees		
10.	OFFICERS AN	D DIRECTORS	11.	ΑC	L DDITIONS/CHANGES TO OFFICERS /	AND DIRECTORS	3 IN 11
TITLE	D	☐ Delete	TITLE			☐ Change	Addition
NAME	JOHNS, JOHN D	_ Contro	NAME				
STREET ADDRESS	2801 HIGHWAY 280 SOUTH		STREET ADDRESS				
CITY-ST-ZIP	BIRMINGHAM AL 35223		CITY-ST-ZIP				
TITLE	SD	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	LONG, DEBORAH J		NAME				
STREET ADDRESS	2801 HWY 280 SOUTH		STREET ADDRESS				
CITY-ST-ZIP	BIRMINGHAM AL		CITY-ST-ZIP			<u> </u>	
TITLE	PD	☐ Delete .	TITLE			Change	Addition
STREET ADDRESS	STUENKEL, WAYNE E		- NAME - STREET ADDRESS	• •		and the second	
CITY-ST-ZIP	BIRMINGHAM AL		CITY-ST-ZIP				
TITLE	EVPD	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	BRIGGS, R. STEPHEN	□ Delete	NAME			□ Change	L Addition
STREET ADDRESS	2801 HIGHWAY 280 SOUTH		STREET ADDRESS				
CITY-ST-ZIP	BIRMINGHAM AL		CITY-ST-ZIP				i
TITLE	EVPD	Delete	TITLE			☐ Change	☐ Addition
NAME	MASSENGALE, JIM E.		NAME		•		
STREET ADDRESS	2801 HIGHWAY 280 SOUTH		STREET ADDRESS				
CITY-ST-ZIP	BIRMINGHAM AL		CITY-ST-ZIP				
TITLE	EVPC RITCHIE, ALLEN W	☐ Delete	TITLE			☐ Change	☐ Addition
NAME CTREET ADDRESS	2801 HWY 280 S		NAME CTREET ADDRESS	•			
STREET ADDRESS CITY-ST-ZIP	BIRMINGHAM AL 35223		STREET ADDRESS CITY-ST-ZIP				
							oformation
12. Thereby 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this report of supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii).							

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 of trustge empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: