


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 843339 1. Entity Name PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY	
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Principal Place of Business 2801 HIGHWAY 280 SOUTH, (ZIP 35223) P.O. BOX 2606 BIRMINGHAM, AL 35202	Mailing Address 2801 HIGHWAY 280 SOUTH, (ZIP 35223) P.O. BOX 2606 BIRMINGHAM, AL 35202
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0761690	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNS, JOHN D 2801 HIGHWAY 280 SOUTH BIRMINGHAM, AL 35223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LONG, DEBORAH J 2801 HWY 280 SOUTH BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STUENKEL, WAYNE E 2801 HWY 280 SOUTH BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD BRIGGS, R. STEPHEN 2801 HIGHWAY 280 SOUTH BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPC RITCHIE, ALLEN W 2801 HWY 280 S BIRMINGHAM, AL 35223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/14/05-80019-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/05

Date

205-268-1000

Daytime Phone #