

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90197 044 \*\*\*150.00

**DOCUMENT # 843339**

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



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**

**60030376**

2. Principal Place of Business  
*No Change*

3. Mailing Address  
*No Change*

Suite, Apt. #, etc.

04172006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number  
**63-0761690**

Applied For  
Not Applicable

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
<b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>	<p>Name</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>City <b>FL</b> Zip Code</p>

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JOHNS, JOHN D 2801 HIGHWAY 280 SOUTH BIRMINGHAM, AL 35223</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD LONG, DEBORAH J 2801 HWY 280 SOUTH BIRMINGHAM, AL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Deborah J. Long 2801 Highway 280 South Birmingham AL 35223</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD STUENKEL, WAYNE E 2801 HWY 280 SOUTH BIRMINGHAM, AL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVDP BRIGGS, R. STEPHEN 2801 HIGHWAY 280 SOUTH BIRMINGHAM, AL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Executive Vice President Stephen R. Briggs 2801 Highway 280 South Birmingham AL 35223</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPC RITCHIE, ALLEN W 2801 HWY 280 S BIRMINGHAM, AL 35223</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director, Vice President CFO Allen W. Ritchie 2801 Highway 280 South Birmingham AL 35223</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Wayne E. Stuenkel* **Wayne E. Stuenkel, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #