

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 843339

FILED
Jan 16, 2009
Secretary of State

Entity Name: PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY

Current Principal Place of Business:

2801 HIGHWAY 280 SOUTH, (ZIP 35223)
BIRMINGHAM, AL 35202

New Principal Place of Business:

Current Mailing Address:

2801 HIGHWAY 280 SOUTH, (ZIP 35223)
P.O. BOX 2606
BIRMINGHAM, AL 35202

New Mailing Address:

FEI Number: 63-0761690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHNS, JOHN D
Address: 2801 HIGHWAY 280 SOUTH
City-St-Zip: BIRMINGHAM, AL 35223

Title: SEVP () Delete
Name: LONG, DEBORAH J
Address: 2801 HWY 280 SOUTH
City-St-Zip: BIRMINGHAM, AL 35223

Title: PD () Delete
Name: STUENKEL, WAYNE E
Address: 2801 HWY 280 SOUTH
City-St-Zip: BIRMINGHAM, AL

Title: SVP () Delete
Name: WALKER, STEVEN G
Address: 2801 HIGHWAY 280 SOUTH
City-St-Zip: BIRMINGHAM, AL 35223

Title: T () Delete
Name: BLACK, LANCE P
Address: 2801 HWY 280 S
City-St-Zip: BIRMINGHAM, AL 35223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN G. WALKER

SVP

01/16/2009

Electronic Signature of Signing Officer or Director

Date