

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **843339**

1. Entity Name
PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY



FILED

03 JUL 30 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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**

2. Principal Place of Business
2801 Highway 280, S.

3. Mailing Address
P.O. Box 2606

Suite, Apt. #, etc.
Legal Department

Suite, Apt. #, etc.
Legal Department

☒ CHECK HERE IF MAKING CHANGES

City & State
Birmingham, AL

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Birmingham, AL

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

Zip **35223** Country **USA** Zip **35202** Country **USA**

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**

7. Name and Address of New Registered Agent

Name **CT-Corporation-System**

Street Address (P.O. Box Number is Not Acceptable)
1200- South Pine Island Road

City **Plantation** FL Zip Code **33324**

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 *Barbara A. Burke* **BARBARA A. BURKE**
SPECIAL ASSISTANT SECRETARY 72903

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNS, JOHN D	
STREET ADDRESS	2801 HIGHWAY 280 SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL 35223	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LONG, DEBORAH J	
STREET ADDRESS	2801 HWY 280 SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STUENKEL, WAYNE E	
STREET ADDRESS	2801 HWY 280 SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	BRIGGS, R. STEPHEN	
STREET ADDRESS	2801 HIGHWAY 280 SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	MASSENGALE, JIM E.	
STREET ADDRESS	2801 HIGHWAY 280 SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	EVPC	<input type="checkbox"/> Delete
NAME	RITCHIE, ALLEN W	
STREET ADDRESS	2801 HWY 280 S	
CITY-ST-ZIP	BIRMINGHAM AL 35223	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600021648086	
STREET ADDRESS	07/18/03--01077--003 **550.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Wayne E. Stuenkel* **Wayne E. Stuenkel** 7/16/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Stacey McIntyre (800) 627-0220

0143923 AT

CR2E034 (4/03)