

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2002 8:00 am
Secretary of State

08-15-2002 90049 007 ***550.00

DOCUMENT # P01000120672

1. Entity Name
AMERICAN LIFE AND ANNUITY HOLDINGS, INC.

Principal Place of Business
4823 OLD KINGSTON PIKE, STE 125
KNOXVILLE TN 37919

Mailing Address
4823 OLD KINGSTON PIKE, STE 125
KNOXVILLE TN 37919

014394



2. Principal Place of Business

3. Mailing Address
4823 Old Kingston Pike
Suite, Apt. #, etc. Ste 140

Suite, Apt. #, etc.

City & State

City & State
Knoxville, TN

4. FEI Number
52-2177342

Applied For
 Not Applicable

Zip Country

Zip Country
37919 U.S.A.

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

BEILLY, ROXANNE K
350 E LAS OLAS BLVD, STE 1700
FT LAUDERDALE FL 33301

Name **same**
 Street Address (P.O. Box Number is Not Acceptable)
First Ft. Lauderdale Place
100 N.E. Third Ave, Ste 280
 City **Ft. Lauderdale** **FL** Zip Code **33301**

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **BISHOP, DR ARCHER W JR**
 STREET ADDRESS **4823 OLD KINGSTON PIKE, STE 125**
 CITY-ST-ZIP **KNOXVILLE TN 37919**

TITLE **D/C** ☒ Change ☐ Addition
 NAME **4823 Old Kingston Pike, Ste 140**
 STREET ADDRESS **4823 Old Kingston Pike, Ste 140**
 CITY-ST-ZIP **Knoxville, TN 37919**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P/D** ☐ Change ☒ Addition
 NAME **Stanley A. Brown III**
 STREET ADDRESS **4823 Old Kingston Pike, Ste 125**
 CITY-ST-ZIP **Knoxville, TN 37919**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S/T/D** ☐ Change ☒ Addition
 NAME **Lila K. Pflieger**
 STREET ADDRESS **4823 Old Kingston Pike, Ste 140**
 CITY-ST-ZIP **Knoxville, TN 37919**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Dr. John H. Bell**
 STREET ADDRESS **PMB 212, Ste 900, 2020 Fieldstone Parkway**
 CITY-ST-ZIP **Franklin, TN 37069**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Oscar R. Scofield**
 STREET ADDRESS **15800 John J. Delaney Drive, Ste 200**
 CITY-ST-ZIP **Charlotte, NC 28277**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Lila K. Pflieger** **8/12/02** **865-588-2836**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)