

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 843339

Entity Name: PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY**Current Principal Place of Business:**2801 HIGHWAY 280 SOUTH, (ZIP 35223)
BIRMINGHAM, AL 35202**Current Mailing Address:**2801 HIGHWAY 280 SOUTH, (ZIP 35223)
P.O. BOX 2606
BIRMINGHAM, AL 35202**FEI Number:** 63-0761690**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
TALLAHASSEE, FL 32399-0000 US*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**Officer/Director Detail :**

Title	D
Name	JOHNS, JOHN D
Address	2801 HIGHWAY 280 SOUTH
City-State-Zip:	BIRMINGHAM AL 35223

Title	PD
Name	STUENKEL, WAYNE E
Address	2801 HWY 280 SOUTH
City-State-Zip:	BIRMINGHAM AL

Title	T
Name	BLACK, LANCE P
Address	2801 HWY 280 S
City-State-Zip:	BIRMINGHAM AL 35223

Title	SEVP
Name	LONG, DEBORAH J
Address	2801 HWY 280 SOUTH
City-State-Zip:	BIRMINGHAM AL 35223

Title	SVP
Name	WALKER, STEVEN G
Address	2801 HIGHWAY 280 SOUTH
City-State-Zip:	BIRMINGHAM AL 35223

I hereby 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 all other like empowered.

SIGNATURE: STEVEN G. WALKER

SVP

01/22/2014

Electronic Signature of Signing Officer/Director Detail_____
Date