

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

1-3

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **800583** (7)  
1. Corporation Name  
**THE PHOENIX INSURANCE COMPANY.**



Principal Place of Business Mailing Address  
**ONE TOWER SQUARE HARTFORD CONNECTICUT 06183 US**

3. Date Incorporated or Qualified **01/29/1914** 3a. Date of Last Report **03/29/1995**

21	22	23	24	25	26	27	28	29	30	4. FEI Number <b>06-0303275</b>	Applied For Not Applicable
2. Principal Place of Business			2a. Mailing Address			5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
21 Suite, Apt. #, etc.			22 Suite, Apt. #, etc.			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			<b>\$5.00 May Be Added to Fees</b>		
23 City & State			24 City & State			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
25 Zip			26 Country			27 Zip			28 Country		

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

STATE INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32304

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P CLARKE, CHARLES J. 57 SULKY LANE GLASTONBURY CT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D PRINCE, CHARLES O 100 VALLEY FORGE RD WESTON CT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DV CALVANO, JAMES F 54 MOHAWK AVENUE NORWOOD NJ	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Calvano, James F
STREET ADDRESS		3.3 STREET ADDRESS	54 Mohawk Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Norwood, NJ
TITLE	D CARPENTER, MICHAEL A 134 OTTER ROCK DRIVE GREENWICH CT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D ETTINGER, IRWIN R 180 DOGWOOD LANE STAMFORD CT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	700001788787
STREET ADDRESS		5.3 STREET ADDRESS	-04/22/96--01046--031
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***200.00
TITLE	DO FISHMAN, JAY S 82 OWATONNA STR HAWORTH NJ	6.1 TITLE	D/O/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Fishman, Jay S
STREET ADDRESS		6.3 STREET ADDRESS	82 Owatonna Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Haworth, NJ

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 4/15/1996 (860) 277-3743  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)

AEB  
4-21-96

ATTACHMENT TO FLORIDA DEPARTMENT OF STATE  
CORPORATION ANNUAL REPORT  
THE PHOENIX INSURANCE COMPANY

OFFICERS/DIRECTORS

D/C/O

Lipp, Robert I.  
38 Park Road  
Scarsdale, NY 10583

V

Anderson, James T.  
411 Overlook Road  
Glastonbury, CT 06033

V

Barbieri, Richard C.  
124 Brookview Drive  
Vernon, CT 06066

S/V/D/O

DeCarlo, Donald T.  
200 Manor Road  
Douglaston, NY 11363

V

Foley, Ronald E., Jr.  
125 Stoner Drive  
West Hartford, CT 06107

S

Foran, Terrence J.  
95 Ladyslipper Lane  
Glastonbury, CT 06033

V

Green, Robert B.  
14 North Drive  
Simsbury, CT 06070

V

Hammond, Dale S.  
152 Windshire  
South Windsor, CT 06074

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OFFICERS/DIRECTORS (CONTINUED)

V

Higgins, Peter N.  
114 Squires Glenn  
Madison, CT 06443

V

Mannes, Barry L.  
29 Stags Leap Court  
Pikesville, MD 21208-1029

V

Morrison, Richard F.  
10 Whispering Way  
Warren, NJ 07059

V

Nothem, James M.  
110 School Street  
Coventry, CT 06238

V

Palczynski, Richard W.  
31 Lee Lane  
Tolland, CT 06084

V

Patterson, James A.  
15 Highland St., #109  
West Hartford, CT 06119

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OFFICERS/DIRECTORS (CONTINUED)

V

Shea, Thompson  
97 Holmes Road  
Ridgefield, CT 06877

V

Tyson, David A.  
53 Country Club Lane  
East Granby, CT 06026

V

Voss, F. Denney  
1 Grace Church Street  
Rye, NY 10580

D/V/O

Weill, Marc P.  
170 East 87th Street, Apt. West 11C  
New York, NY 10128

T

White, William H.  
8 Woodchuck Hill Road  
Canton, CT 06019

V

Willett, W. Douglas  
180 Langford Lane  
East Hartford, CT 06118

V

Wright, Ronald O.  
725 Chestnut Hill Road  
Glastonbury, CT 06033