

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90027 035 \*\*\*150.00

**DOCUMENT # 800583**

1. Entity Name  
**THE PHOENIX INSURANCE COMPANY.**

Principal Place of Business <b>ONE TOWER SQUARE          HARTFORD CT 06183          US</b>	Mailing Address <b>ONE TOWER SQUARE          HARTFORD CT 06183          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>06-0303275</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**STATE INSURANCE COMMISSIONER  
 200 EAST GAINES STREET  
 LARSON BUILDING  
 TALLAHASSEE FL 32399**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

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

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC CLARKE, CHARLES J. ONE TOWER SQUARE HARTFORD CT</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV KIERNAN, JOSEPH P ONE TOWER SQUARE HARTFORD CT</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC LIPP, ROBERT I ONE TOWER SQUARE HARTFORD CT</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVO HANNON, WILLIAM P ONE TOWER SQUARE HARTFORD CT</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVOS MICHENER, JAMES M ONE TOWER SQUARE HARTFORD CT</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPD FISHMAN, JAY S ONE TOWER SQUARE HARTFORD CT</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP CLARKE, CHARLES J. ONE TOWER SQUARE HARTFORD, CT 06183</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO KIERNAN, JOSEPH P. ONE TOWER SQUARE HARTFORD, CT 06183</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC FISHMAN, JAY S. ONE TOWER SQUARE HARTFORD, CT 06183</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Daniel W. Jackson **Daniel W. Jackson** 4/9/01 **860 277-4012**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment Doc # 800583 AW53415

**ATTACHMENT TO 2001 UNIFORM BUSINESS REPORT (UBR)  
THE PHOENIX INSURANCE COMPANY  
DOCUMENT #800583**

12. ADDITIONS TO OFFICERS AND DIRECTORS IN 11.

D/O

ELLIOT, DOUGLAS G.  
ONE TOWER SQUARE  
HARTFORD, CT 06183

D/V/O

MEAD, CHRISTINE B.  
ONE TOWER SQUARE  
HARTFORD, CT 06183

D/V

SHROAT, JERRY T.  
ONE TOWER SQUARE  
HARTFORD, CT 06183

V

GIBBS, J. DAVID  
ONE TOWER SQUARE  
HARTFORD, CT 06183

V

HEALY, PAUL A.  
ONE TOWER SQUARE  
HARTFORD, CT 06183

V

HIGGINS, PETER N.  
ONE TOWER SQUARE  
HARTFORD, CT 06183

V

TYSON, DAVID A.  
ONE TOWER SQUARE  
HARTFORD, CT 06183

V

VOSS, F. DENNEY  
399 PARK AVENUE  
NEW YORK, NY 10022

AW53418

Attachment Doc # 800583

V  
WILLET, W. DOUGLAS  
ONE TOWER SQUARE  
HARTFORD, CT 06183

V  
YESSMAN, TIMOTHY M.  
ONE TOWER SQUARE  
HARTFORD, CT 06183

V/T  
WHITE, WILLIAM H.  
ONE TOWER SQUARE  
HARTFORD, CT 06183

AS  
JACKSON, DANIEL W.  
ONE TOWER SQUARE  
HARTFORD, CT 06183