

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **812598** (1)
1. Corporation Name
PHOENIX HOME LIFE MUTUAL INSURANCE COMPANY

95 JAN 19 AM 11:01

Principal Place of Business Mailing Address
**ONE AMERICAN ROW
ATTN CORPORATE TAX DEPT
HARTFORD CT 06115** **ONE AMERICAN ROW
ATTN CORPORATE TAX DEPT
HARTFORD CT 06115**

DO NOT WRITE IN THIS SPACE.

| | | | | | |
|--------------------------------|--|---------------------|--|---|-------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 | | 03/01/1958 | 02/02/1994 |
| 22 | | 27 | | 4. FEI Number | Applied For |
| 23 | | 28 | | 06-0493340 | Not Applicable |
| 24 | | 29 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 25 | | 30 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 26 | | 31 | | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|--|--|----------|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| FLORIDA INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | | |
| | | | | FL | 85 | Zip Code | |

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 registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|--|
| TITLE | \$ | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YOUNG, DONA D | 1.2 NAME | EVP/FS |
| STREET ADDRESS | 1 AMERICAN ROW | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | HARTFORD CT | 1.4 CITY - ST - ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILDE, WILSON | 2.2 NAME | |
| STREET ADDRESS | 5 DODGE DR | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | W. HARTFORD CT | 2.4 CITY - ST - ZIP | |
| TITLE | EVP | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCLOUGHLIN, PHILIP | 3.2 NAME | |
| STREET ADDRESS | 1 AMERICAN ROW | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | HARTFORD CT | 3.4 CITY - ST - ZIP | |
| TITLE | D | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GUMMERE, JOHN | 4.2 NAME | D Guscott, Kenneth I. |
| STREET ADDRESS | 1 AMERICAN ROW | 4.3 STREET ADDRESS | 1 Elias Lane |
| CITY - ST - ZIP | HARTFORD CT | 4.4 CITY - ST - ZIP | Milton, Mass. 02168 |
| TITLE | SVP | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SEARFOSS, DAVID | 5.2 NAME | EVP/CFO |
| STREET ADDRESS | 1 AMERICAN ROW | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | HARTFORD CT | 5.4 CITY - ST - ZIP | |
| TITLE | P | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FIONDELLA, ROBERT | 6.2 NAME | C/P |
| STREET ADDRESS | 1 AMERICAN ROW | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | HARTFORD CT | 6.4 CITY - ST - ZIP | |

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)(b), 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: *David W. Searfoss* 1/10/95 (203) 275-5947
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR