

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Mar 12 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # 812598 (1)**

1. Corporation Name  
**PHOENIX HOME LIFE MUTUAL INSURANCE COMPANY**



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

Mailing Address: **ONE AMERICAN ROW ATTN CORPORATE TAX DEPT HARTFORD CT 06115-2521**

3. Date Incorporated or Qualified: **03/01/1958**

3a. Date of Last Report: **02/09/1996**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **06-0493340**

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL**

10. Name and Address of New Registered Agent

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<del>EVP</del>	<input type="checkbox"/> DELETE
NAME	<b>YOUNG, DONA D</b>	
STREET ADDRESS	<del>1 AMERICAN ROW</del>	
CITY - ST - ZIP	<del>HARTFORD CT</del>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WILDE, WILSON</b>	
STREET ADDRESS	<b>5 DODGE DR</b>	
CITY - ST - ZIP	<b>W. HARTFORD CT</b>	
TITLE	<b>EVP</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCLOUGHLIN, PHILIP</b>	
STREET ADDRESS	<del>1 AMERICAN ROW</del>	
CITY - ST - ZIP	<del>HARTFORD CT</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>GUSCOTT, KENNETH I</del>	
STREET ADDRESS	<del>1 ELIAS LANE</del>	
CITY - ST - ZIP	<del>MILTON MA</del>	
TITLE	<del>EVP</del>	<input type="checkbox"/> DELETE
NAME	<b>SEARFOSS, DAVID</b>	
STREET ADDRESS	<del>1 AMERICAN ROW</del>	
CITY - ST - ZIP	<del>HARTFORD CT</del>	
TITLE	<del>OP</del>	<input type="checkbox"/> DELETE
NAME	<b>FIONDELLA, ROBERT</b>	
STREET ADDRESS	<del>1 AMERICAN ROW</del>	
CITY - ST - ZIP	<del>HARTFORD CT</del>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<b>89 WOODFORD HILLS DR.</b>	
1.4 CITY - ST - ZIP	<b>AVON CT 06001</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	<b>39 JOSHUA DRIVE</b>	
3.4 CITY - ST - ZIP	<b>W. SIMSBURY, CT 06098</b>	
4.1 TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>PAYDOS, CHARLES J.</b>	
4.3 STREET ADDRESS	<b>140 BALBRAE DR.</b>	
4.4 CITY - ST - ZIP	<b>BLOOMFIELD CT 06002</b>	
5.1 TITLE	<b>EXECUTIVE V.P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	<b>3 STRATFORD RD.</b>	
5.4 CITY - ST - ZIP	<b>FARMINGTON, CT 06030</b>	
6.1 TITLE	<b>PRESIDENT + DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	<b>29 SUMMERBERRY CIRCLE</b>	
6.4 CITY - ST - ZIP	<b>BRISTOL, CT 06010</b>	

14. I do 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 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* DATE: **3-6-97** (860) 403-5947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)