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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 812598

(1)

PHOENIX HOME LIFE MUTUAL INSURANCE COMPANY

THOLI		STORE INDONAN	DE COMI AIVI						
Principal Plac	e of Business	Mailii	ng Address				L SANGH SOUN SORES BEAR MESSA INCOLUNIS		. 41911 41911 1891
ONE AMERICAN ROW			ONE AMERICAN ROW						
ATTN CORPORATE TAX DEPT HARTFORD CT 06115			ATTN CORPORATE TAX DEPT HARTFORD CT 06115				DO NOT WRITE II	N THIS SPACE	
MANIFORD (71 00113	TUST .	IIFORD OF GOITS				3. Date Incorporated or Qualified		
							03/01/1958		
2. Principal P	lace of Business	2a. M	lailing Address				4. FEI Number		Applied For
21		26					06-0493340		Not Applicable
Suite, Apt	#, etc.	s	Suite, Apt. #, etc.				5. Certificate of Status Desired	++	5 Additional
22		27						Fee	Required
City & State	0	<u></u> ⊢¬	ity & State				6. Election Campaign Financing		00 May Be
23 Zip	Country	28	ir.	T	nto				led to Fees
	 		Zip Co		Country		This corporation owes or has paid Personal Property Tax due June 3		r Intangible No
24	25] 9. Name and Addre	ss of Current Register	ed Agent	[30]			10. Name and Address of New Regi		K 1140
FI					B1	Name			
FLORIDA INSURANCE COMMISSIONER THE CAPITOL					62	December Andre	Ideas (D.O. Day M. Institute in National Association)		
	LLAHASSEE FL					Street Add	Idress (P.O. Box Number is Not Acceptable)		
•••				İ	63		.		
					64	City	······	les l	Zip Code
						•		FL T	
11. Pursuant	to the provisions of Sect	ions 607.0502 and 607	1508, Florida Statu	tes, the at	DOVE	-named cor	poration submits this statement for the putition's board of directors. I hereby accept	rpose of changir	ng its registered
agent. La	m familiar with, and acc	ept the obligations of, S	ection 607.0505, FI	orida Stat	utes		morra board or directors. Thereby accept	по арропинон	as registered
SIGNATURE									
40	Signature typed or printed name	of registered agent and title if a FFICERS AND DIRECTO		TE: Registered	i Ager	nt signature requ	ired when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE DIDECT	TODE IN 12
12.	S	FRICENS AND DIRECT	DELETE	1.1 TIT	II F		ADDITIONS/CHANGES TO OFFICE	Chan	
NAME	YOUNG, DONA D			1.2 NA					g
STREET ADDRESS	89 WOODFORD I					ADDRESS			
CITY-ST-ZIP	AVON CT			1.4 CI		7. 7ID			
TITLE	D		DELETE	2.1 TIT			senior Vice President awyer III, Frederick V B Sachem Drive Glastonbury, Conn.	Chan	ige [] Addition
NAME	WILDE, WILSON		• •	2.2 NA	ME	Š	awver 14. Frederick v	/ · · · · ·	
STREET ADDRESS	5 DODGE DR			2.3 ST	REET	ADDRESS	8 Sachem Drive		
CITY-ST-ZIP	W. HARTFORD C	Г		2.4 C	ITY-5	T-ZIP	a laston bury Conn.	06033	
TITLE	EVP		DELETE	3.1 TI	TLE			Char	nge Addition
NAME	MCLOUGHLIN, PI	IILIP		3.2 NA	ME				
STREET ADDRESS	39 JOSHUA DR			3.3 ST	REET	ADDRESS			
CITY-ST-ZIP	W SIMSBURY CT			3.4. C	ITY-S	T-ZIP			
TITLE	D		DELETE	4,1 717	TLE	1		Char	nge [_] Addition
NAME	PAYDOS, CHARL			4. 2 N	AME				
STREET ADDRESS	140 BALBRAE DR			4.3 \$1	REET	ADDRESS			
CITY-ST-ZIP	BLOOMFIELD CT				TY-\$1	-ZIP		13 A	<u>—————————————————————————————————————</u>
TITLE	EVP	.	☐ DELETE	5.1 Til			Searfoss David 1	Char	nge [] Addition
NAME	SEARFOSS, DAVI			5.2 N/			SECTIONS FORIS		
STREET ADDRESS	3 STRATFORD RE					ADDRESS			
CITY-SI-ZIP	FARMINGTON CT		DELETE	_	TY-SI	I - ZIP		Char	nge Addition
TITLE	PD FIGURE I A POR	COT	D DECEIE	6.1 TO		12	Finnalalla Robert	. NAJ	ac FT Vocinous
NAME OXDEEX ADDRESS	PIONDELLA, ROB			6.2 NA			Fiondella, Robert	٧٠.	
STREET ADDRESS	29 SUMMERBERF BRISTOL CT	IT OIL				ADDRESS			
CITY - ST - ZIP				■ 04 U	TY - S1	1°41"]			

14. 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 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 onten alachment with an address.

SIGNIATUDE: 487

Jam J. W. Seatown

3/12/98

(860)403-5947

FILED

Mar 23 1998 8:00am

Secretary of State

CR2E034 (10/97)