

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90123 043 ***150.00

DOCUMENT # 812598

1. Entity Name

PHOENIX LIFE 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**

2. Principal Place of Business

3. Mailing Address

One American Row

Suite, Apt. #, etc.

Suite, Apt. #, etc.

40 John H. Beers, Secretary

City & State

City & State

Hartford, CT

Zip

Country

Zip

Country

06102-5056

USA

4. FEI Number

06-0493340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P. YOUNG, DONA D
89 WOODFORD HILLS DR
AYON CT** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President/Chief Operating Officer
64 Waterside Lane
West Hartford, CT 06107** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AVP
DOLAN, JAMES J
13 MURIEL DR.
GRANBY CT** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
MCLOUGHLIN, PHILIP
39 JOSHUA DR
W SIMSBURY CT** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVPT
CUMMINGS, RAYMOND E
THAYER RD
HIGGANUM CT** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President & Treasurer ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
SEARFOSS, DAVID W
3 STRATFORD RD
FARMINGTON CT** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP/CFO ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CCEO
FIONDELLA, ROBERT W
29 SUMMERBERRY CIR
BRISTOL CT** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE REQUIRED

John H. Beers

1/14/2002

(860) 403-5050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)