

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812598

FILED
Mar 31, 2010
Secretary of State

Entity Name: PHOENIX LIFE INSURANCE COMPANY

Current Principal Place of Business:

ONE AMERICAN ROW
HARTFORD, CT 06102

New Principal Place of Business:

Current Mailing Address:

ONE AMERICAN ROW
C/O GALE DELFINO
HARTFORD, CT 061025056

New Mailing Address:

FEI Number: 06-0493340 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO
Name: WEHR, JAMES D
Address: ONE AMERICAN ROW
City-St-Zip: HARTFORD, CT 06102

Title: D
Name: BAILY, MARTIN N
Address: ONE AMERICAN ROW
City-St-Zip: HARTFORD, CT 06102

Title: CFOT
Name: HOFMANN, PETER A
Address: ONE AMERICAN ROW
City-St-Zip: HARTFORD, CT 06102

Title: CRO
Name: PELLERIN, DAVID R
Address: ONE AMERICAN ROW
City-St-Zip: HARTFORD, CT 06102

Title: SVPS
Name: MULRAIN, JOHN T
Address: ONE AMERICAN ROW
City-St-Zip: HARTFORD, CT 06102

Title: VPAS
Name: BEERS, JOHN H
Address: ONE AMERICAN ROW
City-St-Zip: HARTFORD, CT 06102

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN H. BEERS

VPAS

03/31/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date