FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 25 PM 3:26

DOCUMENT # 836238 (6)

1. Corporation Name
PHOENIX AMERICAN LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
ONE AMERICAN ROW HARTFORD CT 06115	ONE AMERICAN ROW HARTFORD CT 06115

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/26/1976
3a. Date of Last Report: 02/02/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

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

4. FEI Number: 06-0893662 ☐ Applied For ☐ Not Applicable

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

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SC	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBBINS, KEITH D	1.2 NAME		
STREET ADDRESS	ONE AMERICAN ROW	1.3 STREET ADDRESS		
CITY-ST-ZIP	HARTFORD, CT 00000	1.4 CITY-ST-ZIP		
TITLE	CD	2.1 TITLE	D/EVP	☒ Change ☐ Addition
NAME	GUMMERE, JOHN	2.2 NAME	Paydos, Charles J	
STREET ADDRESS	ONE AMERICAN ROW	2.3 STREET ADDRESS	One American Row	
CITY-ST-ZIP	HARTFORD, CT 00000	2.4 CITY-ST-ZIP	Hartford, CT 06115	
TITLE	T	3.1 TITLE	SVP/CFO/T	☒ Change ☐ Addition
NAME	SEARFOSS, DAVID W	3.2 NAME		
STREET ADDRESS	ONE AMERICAN ROW	3.3 STREET ADDRESS		
CITY-ST-ZIP	HARTFORD, CT 00000	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	FIONDELLA, ROBERT W	4.2 NAME		
STREET ADDRESS	ONE AMERICAN ROW	4.3 STREET ADDRESS		
CITY-ST-ZIP	HARTFORD, CT 00000	4.4 CITY-ST-ZIP		
TITLE	VPGA	5.1 TITLE	A/T	☒ Change ☐ Addition
NAME	HUEY, MARTIN S.	5.2 NAME	Pease, Glenn	
STREET ADDRESS	100 BRIGHTMEADOW BLVD	5.3 STREET ADDRESS	One American Row	
CITY-ST-ZIP	ENFIELD CO	5.4 CITY-ST-ZIP	Hartford, CT 06115	
TITLE	AS	6.1 TITLE		☐ Change ☐ Addition
NAME	SINGER, LEWIS	6.2 NAME		
STREET ADDRESS	ONE 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)(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: [signature] 1/16/95 (203) 275-5574
SIGNATURE OF NEW OFFICER OR DIRECTOR Date Daytime Phone Number

03103747 FP