

**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 <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 836238 (6)**  
1. Corporation Name  
**PHOENIX AMERICAN LIFE INSURANCE COMPANY**



Principal Place of Business <b>ONE AMERICAN ROW HARTFORD CT 06115</b>	Mailing Address <b>ONE AMERICAN ROW HARTFORD CT 06115-2521</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/28/1976</b>	3a. Date of Last Report <b>02/09/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>06-0893662</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>STATE INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32304</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	<b>FL</b>	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: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reissuing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SC</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBBINS, KEITH D</b>	1.2 NAME	
STREET ADDRESS	<b>ONE AMERICAN ROW</b>	1.3 STREET ADDRESS	<b>7 GRANT ESTATE DR.</b>
CITY-ST-ZIP	<b>HARTFORD, CT 00000</b>	1.4 CITY-ST-ZIP	<b>SIMSBURY, CT 06092</b>
TITLE	<b>DEVP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAYDOS, CHARLES J.</b>	2.2 NAME	
STREET ADDRESS	<b>ONE AMERICAN ROW</b>	2.3 STREET ADDRESS	<b>140 BALBRAE DR.</b>
CITY-ST-ZIP	<b>HARTFORD, CT 00000</b>	2.4 CITY-ST-ZIP	<b>BLOOMFIELD, CT 06000</b>
TITLE	<b>SVP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>EXEC. V.P. + DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEARFOSS, DAVID W</b>	3.2 NAME	
STREET ADDRESS	<b>ONE AMERICAN ROW</b>	3.3 STREET ADDRESS	<b>3 STRATFORD RD.</b>
CITY-ST-ZIP	<b>HARTFORD, CT 00000</b>	3.4 CITY-ST-ZIP	<b>FARMINGTON, CT 06032</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIONDELLA, ROBERT W</b>	4.2 NAME	
STREET ADDRESS	<b>ONE AMERICAN ROW</b>	4.3 STREET ADDRESS	<b>69 SUMMERBURY CIRCLE</b>
CITY-ST-ZIP	<b>HARTFORD, CT 00000</b>	4.4 CITY-ST-ZIP	<b>BRISTOL, CT 06010</b>
TITLE	<b>AT</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOLAN, JAMES</b>	5.2 NAME	
STREET ADDRESS	<b>ONE AMERICAN ROW</b>	5.3 STREET ADDRESS	<b>13 MUEDEL DR.</b>
CITY-ST-ZIP	<b>HARTFORD CT</b>	5.4 CITY-ST-ZIP	<b>GRANBY, CT 06035</b>
TITLE	<b>AS</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>DIRECTOR + EXEC. V.P.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SINGER, LEWIS</b>	6.2 NAME	
STREET ADDRESS	<b>ONE AMERICAN ROW</b>	6.3 STREET ADDRESS	<b>YOUNG, DONA D.</b>
CITY-ST-ZIP	<b>HARTFORD CT</b>	6.4 CITY-ST-ZIP	<b>89 WOODFORD HILLS DR.</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 3-6-97 (860) 403-5947  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)