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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 836238

1. Corporation Name

PHOENIX AMERICAN LIFE INSURANCE COMPANY

Principal Place	of Business	Mailing Address) (Belle) (Bille (Chie Sinte (Mana Inter Attent	
ONE AMERICAN	ROW	ONE AMERICAN ROW				•		
HARTFORD CT	06115	HARTFOR	HARTFORD CT 06115				DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualifed	
							04/26/1976	
2. Principal Pl	ace of Business	2a. Mailii	2a. Mailing Address				4. FEI Number Applied For	
21		26					06-0893662 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75 Additional	
22		27					5. Certificate of Status Desired Ed Fee Required	
City & State	9	City	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28					Trust Fund Contribution Added to Fees	
Zip Country		— · —			Country		8. This corporation owes the current year Intangible Personal Property Tax.	
24	25	29		30			Personal Property Tax. Yes You 10. Name and Address of New Registered Agent	
	9. Name and Address of Curre	nt Registered	Agent	8	1	Name	TU. Name and Address of New Registered Agent	
STAT	TE INSURANCE COMMISSIONE	R		Ľ				
•	TOL BUILDING	•				Street A	Address (P.O. Box Number is Not Acceptable)	
	AHASSEE FL 32304				3			
,,,,,,,				Į.				
•				8	4	City	FL 85 Zip Code	
11 Purcuant	to the provisions of Sections 607.05	02 and 607 150	18 Florida Statut	es the abo	ve-	-named c	corporation submits this statement for the purpose of changing its registered	
office or re	enistered agent, or both, in the State	of Florida, Su	ch change was a	iuthorized b) Y	ine corpoi	ration's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the oblig	ations of, Section	on 607.0505, FIC	onda Statute	3S.			
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applica	ble. (NOTE	: Registered Ad	ent	signature red	quired when reinstating) DATE	
12.		ND DIRECTOR		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S		☐ DELETE	1.1 TITLE	:		☐ Change ☐ Addition	
NAME	ENGBERG, NANCY J			1.2 NAM	E			
STREET ADDRESS	159 FERRY RD			1.3 STRE	ET	ADDRESS		
CITY-ST-ZIP	HADLYME CT 06439		1.4 CITY	1.4 CITY-ST-ZIP				
<u>тпте</u>	DEVP		⋈ DELETE	2.1 TITLE	Ξ		Treasurer - Addition	
NAME	PAYDOS, CHARLES J.			2.2 NAMI	E		Cummings, Raymond E.	
STREET ADDRESS	140 BALBRAE DR			2.3 STRE	ET/	ADDRESS	Thayer Road Higganum Conn.	
CITY-ST-ZIP	BLOOMFIELD CT			2. 4 CITY	-ST		Higganum Conn.	
TITLE	DVP		☐ DELETE	3.1 TITLE	=	[Exe: Vice President CFO / Director Change Addition	
NAME	SEARFOSS, DAVID W			3.2 NAM	E		•	
STREET ADDRESS	3 STRATFORD RD			3.3 STRE	EΤ	ADDRESS		
CITY-ST-ZIP	FARMINGTON CT			3.4. CITY		T-ZIP		
TITLE	PD	_		4,1 TITLE	=		. Change Addition	
MAME	FIONDELLA, ROBERT W			4. 2 NAM	Æ			
STREET ADDRESS	29 SUMMERBERRY CIR					ADDRESS		
FITY-ST-ZIP	BRISTOL CT			4.4 CITY		-ZIP	☐ Change ☐ Addition	
TITLE	AT		☐ DELETE	5.1 TITLE			[] Change [] Addition	
NAME	NOLAN, JAMES			5.2 NAM		ADDOFEE		
STREET ADDRESS	13 MURIEL DR					ADDRESS		
CITY-ST-ZIP	GRANBY CT		□ OF LETE	5.4 CITY 6.1 TITLE		-217	Executive Vice President Dir. Achange Addition	
TITLE	DVP		☐ DELETE	6.2 NAM			E VECTO IA E A ICE ILEZ DONE I DILI MONINA	
NAME	YOUNG, DONA D					ADDDESS		
STREET ADDRESS	89 WOODFORD HILLS DR			6.3 STR	E1.	ADDRESS		

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

AVON CT

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90087 016 ***150.00