

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
98 JUL 29 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 839753
1. Corporation Name

PHOENIX Assurance Company of New York

Principal Place of Business:
9 Capitol Street
Concord, New Hampshire
03301
USA

Mailing Address:
9300 Arrowpoint Boulevard
Charlotte, North Carolina
28273
USA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21		26		New Hampshire June 16, 1977	
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	
22		27		13-5316370	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Insurance Commissioner The Capitol Tallahassee, FL 32304				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ (Signature, typed or printed name of registrant, capital and first initial) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	See Attached List for Directors & Officers
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	100002607351 -- 9 -08/04/98--01083--029 ***2201.25 ***2201.25
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	83-98 REINSTATEMENT
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	B 7/31
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 on an attachment with an address (704)

SIGNATURE: Joyce W. Wheeler
JOYCE W. WHEELER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4/20/98 Duplicates Here: 522-2000

CR2E034 (10/97)

**Phoenix Assurance Company of New York
Directors and Officers
As of December 31, 1997**

Title Code: C
Name: Robert Victor Mendelsohn
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273

Title Code: P,D
Name: Terry Broderick
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273

Title Code: D,V
Name: Joseph F. Fisher
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273

Title Code: D
Name: V. Michael Kogel
Street Address: Two Jericho Plaza
City, State, Zip: Jericho, NY 11753-0873

Title Code: D,V
Name: James David McDonald
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273

Title Code: D,V
Name: James F. Noonan
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273

Title Code: D,V
Name: Larry Gene Simmons
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273

Title Code: D,V
Name: Paul H. Stewman
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273

Title Code: D,V,S
Name: Joyce Wethington Wheeler
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273

Title Code: V
Name: Sean Antony Beatty
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273

Title Code: V
Name: David Michael Davenport
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273

Title Code: V,T
Name: Lawrence W. Gowen
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273

Title Code: V
Name: Alan Edward Kaliski
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273

Title Code: V
Name: Elizabeth Jane McLaughlin
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273

Title Code: Assistant Corporate Secretary
Name: Linda Y. Pettigrew
Street Address: 9300 Arrowpoint Boulevard
City, State, Zip: Charlotte, NC 28273