

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

**FILED**  
**Feb 18, 1999 8:00am**  
**Secretary of State**

0645629

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

02-18-1999 90087 050 \*\*\*150.00

**DOCUMENT # 839753**

1. Corporation Name

**PHOENIX ASSURANCE COMPANY OF NEW YORK**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 9 CAPITAL STREET, CONCORD NH 03301, US  
 Mailing Address: 9 CAPITAL STREET, CONCORD NH 03301, US

3. Date Incorporated or Qualified: **12/31/1977**  
 4. FEI Number: **13-5316370**  
 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 owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
 2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent  
**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	C <input type="checkbox"/> DELETE
NAME	MENDELSON, ROBERT V
STREET ADDRESS	9300 ARROWPOINT BLVD.
CITY-ST-ZIP	CHARLOTTE NC 28273
TITLE	PD <input type="checkbox"/> DELETE
NAME	BRODERICK, TERRY
STREET ADDRESS	9300 ARROWPOINT BLVD.
CITY-ST-ZIP	CHARLOTTE NC 28273
TITLE	DV <input type="checkbox"/> DELETE
NAME	FISHER, JOSEPH F
STREET ADDRESS	9300 ARROWPOINT BLVD.
CITY-ST-ZIP	CHARLOTTE NC 28273
TITLE	D <input type="checkbox"/> DELETE
NAME	KOGEL, V. MICHAEL F
STREET ADDRESS	9300 ARROWPOINT BLVD.
CITY-ST-ZIP	CHARLOTTE NC 28273
TITLE	DV <input type="checkbox"/> DELETE
NAME	MCDONALD, JAMES D
STREET ADDRESS	9300 ARROWPOINT BLVD.
CITY-ST-ZIP	CHARLOTTE NC 28273
TITLE	DV <input type="checkbox"/> DELETE
NAME	NOONAN, JAMES F
STREET ADDRESS	9300 ARROWPOINT BLVD.
CITY-ST-ZIP	CHARLOTTE NC 28273

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joyce W. Wheeler Joyce W. Wheeler, Corporate Secretary 1/29/99 704/522-3000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR29034 (11/98)