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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90087 017 ***150.00



PROFIT CORPORATION
 ANNUAL REPORT
 1999

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

DOCUMENT # **852582**

1. Corporation Name
PHOENIX LIFE AND ANNUITY COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 700 CORPORATE DR
 STE 300
 ST LOUIS MO 63105
 US

Mailing Address
 ONE AMERICAN ROW
 CORP TAX DEPT
 HARTFORD CT 06115
 US

3. Date Incorporated or Qualified
04/15/1982

2. Principal Place of Business
 21 **100 Bright Meadow**
 Suite, Apt. #, etc. **Boulevard**

22 City & State
 23 **Enfield, Conn.**

24 Zip **06683-1900** 25 Country **US**

4. FEI Number
43-1240953

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

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIONDELLA, ROBERT W	1.2 NAME	
STREET ADDRESS	29 SUMMERBERRY CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL CT	1.4 CITY-ST-ZIP	
TITLE	CFOT <input type="checkbox"/> DELETE	2.1 TITLE	Executive Vice President / CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEARFOSS DAVID W	2.2 NAME	
STREET ADDRESS	3 STRATFORD RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON CT	2.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLOUGHLIN PHILIP R	3.2 NAME	
STREET ADDRESS	39 JOSHUA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	W SIMSBURY CT	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG DONA D	4.2 NAME	
STREET ADDRESS	89 WOODFORD HILLS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	AVON CT	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Booth Richard H <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOTH RICHARD M	5.2 NAME	
STREET ADDRESS	60 HIGH RIDGE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	S GLASTONBURY CT	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGBERG, NANCY J	6.2 NAME	
STREET ADDRESS	159 FERRY RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	HADLYME CT 06439	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: _____ Secretary **2/4/99** (860)403-5973
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)