

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90117 020 ***150.00

DOCUMENT # 852582

1. Entity Name

PHOENIX LIFE AND ANNUITY COMPANY

Principal Place of Business

Mailing Address

100 BRIGHT MEADOW BLVD.
 ENFIELD CT 06083-1900
 US

ONE AMERICAN ROW
 CORP TAX DEPT
 HARTFORD CT 06115-2521
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-1240953

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	FIONDELLA, ROBERT W	29 SUMMERBERRY CIR	BRISTOL CT	<input type="checkbox"/>
EVC	SEARFOSS DAVID W	3 STRATFORD RD	FARMINGTON CT	<input type="checkbox"/>
EVP	MCLOUGHLIN PHILIP R	39 JOSHUA DR	W SIMSBURY CT	<input type="checkbox"/>
D	YOUNG DONA D	89 WOODFORD HILLS DR	AVON CT	<input checked="" type="checkbox"/>
D	BOOTH, RICHARD H	60 HIGH RIDGE RD	S GLASTONBURY CT	<input checked="" type="checkbox"/>
S	ENGBERG, NANCY J	159 FERRY RD	HADLYME CT 06439	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Executive v.p.				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assistant Treasurer	James J. Nolan	13 Muriel Drive	Granby Ct.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	John H. Beers	15 Fernwood Road	West Hartford CT 06119	<input checked="" type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David W. Searfoss* **REQUIRED** *David W. Searfoss 1/13/00 (860) 403-594*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #