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Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000005598 (7)

1. Corporation Name
PHOENIX FINANCIAL ADMINISTRATIVE SERVICE, INC. (FAS)

Principal Place of Business
85 BRIDGE ST.
HADDAM CT 06438-0479

Mailing Address
P.O. BOX 479
HADDAM CT 06438-0479



3. Date Incorporated or Qualified
10/27/1994

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 1290 Silas Deane Highway
Suite, Apt. #, etc.

26 P.O. Box 290619
Suite, Apt. #, etc.

22 City & State
Wethersfield, CT

27 City & State
Wethersfield, CT

23 Zip
06129-0619

28 Zip
06129-0619

24 Country
USA

29 Country
USA

4. FEI Number
06-1113257

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

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

Signature type for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME BURRILL, ALAN E
STREET ADDRESS 53 STONEPOST RD.
CITY-ST-ZIP GLASTONBURY CT 06033
DELETE
TITLE EVP
NAME BURRILL, ALLAN
STREET ADDRESS 139 CHAMPION HILL ROAD
CITY-ST-ZIP EAST HAMPTON CT
DELETE
TITLE D
NAME SAWYER, FREDERIC W III
STREET ADDRESS 8 SACHEM DRIVE
CITY-ST-ZIP GLASTONBURY CT
DELETE
TITLE D
NAME SEARFOSS, DAVID W
STREET ADDRESS 3 STRATFORD RD.
CITY-ST-ZIP FARMINGTON CT 06032
DELETE
TITLE V
NAME HLOUSEK, PETER R
STREET ADDRESS 134 AIRLINE RD.
CITY-ST-ZIP CLINTON CT 06413
DELETE
TITLE V
NAME WASGATT, BONNIE
STREET ADDRESS 32 OAK KNOLL RD.
CITY-ST-ZIP EAST HAMPTON CT
DELETE

1.1 TITLE President
1.2 NAME Belinda Monat
1.3 STREET ADDRESS 130 Cidermill Rd.
1.4 CITY-ST-ZIP Glastonbury, CT 06073
Change Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Change Addition
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Change Addition
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change Addition
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Change Addition
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97

860-345-8561

CR2E034 (9/96)