

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

FILED
Feb 05 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # F94000005598 (7)

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



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|---|--|
| Principal Place of Business 1290 SILAS DEANE HWY WETHERSFIELD CT 16129-0619 US | Mailing Address PO BOX 290619 WETHERSFIELD CT 16129-0169 US |
|---|--|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 10/27/1994 | |
| 4. FEI Number 06-1113257 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 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 | |

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

| | |
|--|--|
| 9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300 | 10. Name and Address of New Registered Agent |
| 81. Name | 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. | 84. City |
| | 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE P | BURRILL, ALAN E 180 CIDERMILL RD GLASTONBURY CT | 1.1 TITLE | President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE EVP | BURRILL, ALLAN 139 CHAMPION HILL ROAD EAST HAMPTON CT | 1.2 NAME | Belinda Moncet |
| TITLE D | SAWYER, FREDERIC W III 8 SACHEM DRIVE GLASTONBURY CT | 1.3 STREET ADDRESS | 180 Cidermill Rd |
| TITLE D | SEARFOSS, DAVID W 3 STRATFORD RD. FARMINGTON CT 06032 | 1.4 CITY-ST-ZIP | Glastonbury, CT |
| TITLE V | HLOUSEK, PETER R 134 AIRLINE RD. CLINTON CT 06413 | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE V | WASGATT, BONNIE 32 OAK KNOLL RD. EAST HAMPTON CT | 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 | Senior V.P. <input checked="" 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.

SIGNATURE: Belinda Moncet **Belinda Moncet - President** 1/6/98 860-513-1000

CR2E034 (10/97)