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Mar 12 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 # 852582 (6)
1. Corporation Name
PHOENIX LIFE AND ANNUITY COMPANY



Principal Place of Business

Mailing Address

~~6800 WEST 110TH STREET~~
~~OVERLAND PARK KS 66210~~

~~6800 WEST 110TH STREET~~
~~OVERLAND PARK KS 66210-1400~~

2. Principal Place of Business

2a. Mailing Address

21 700 CORPORATE DR.
Suite, Apt. #, etc.

26 ONE AMERICAN ROW
Suite, Apt. #, etc.

22 SUITE 300
City & State

27 CORP. TAX DEPT.
City & State

23 ST. LOUIS, MO
Zip Country

28 HARTFORD, CT
Zip Country

24 63105

25

29 06115

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

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

(To be completed by the name of registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GEROGE, DANIEL	
STREET ADDRESS	304 LAKESIDE BLVD	
CITY, ST, ZIP	SUGAR LAND TX	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HAUGH, JAMES	
STREET ADDRESS	10010 IDLEBROOK DR	
CITY, ST, ZIP	HOUSTON TX	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, DAVID	
STREET ADDRESS	303 TIMBERWILDE	
CITY, ST, ZIP	HOUSTON TX	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MANIS, MATTHEW	
STREET ADDRESS	9106 TANAGER	
CITY, ST, ZIP	HOUSTON TX	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAINEY, MARY LOU	
STREET ADDRESS	2010 DUNSTAN RD	
CITY, ST, ZIP	HOUSTON TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

11 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	FIONDELLA, ROBERT W.	
13 STREET ADDRESS	29 SUMMERBERRY CIRCLE	
14 CITY-ST-ZIP	BRIARCLIFF, CT 06010	
21 TITLE	CFO & TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SEARFOSS, DAVID W.	
23 STREET ADDRESS	3 STRATFORD ROAD	
24 CITY-ST-ZIP	FARMINGTON, CT 06030	
31 TITLE	EXEC. V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MCLOUGHLIN, PHILIP R.	
33 STREET ADDRESS	39 JOSHUA DRIVE	
34 CITY-ST-ZIP	W. BRIMLEY, CT 06092	
41 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	YOUNG, DONA D.	
43 STREET ADDRESS	89 WOODFORD HILLS DR.	
44 CITY-ST-ZIP	AVON, CT 06001	
51 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	BOOTH, RICHARD H.	
53 STREET ADDRESS	60 HIGH RIDGE RD.	
54 CITY-ST-ZIP	S. GLASTONBURY, CT 06033	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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:

David W. Searfoss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-97 (860) 403-5947

Date Daytime Phone

CR2E034 (9/96)