

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

FILED
Mar 23 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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

**700 CORPORATE DR
STE 300
ST LOUIS MO 63105
US**

Mailing Address

**ONE AMERICAN ROW
CORP TAX DEPT
HARTFORD CT 06115
US**



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|------------------------|
| 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 |
| 25 | 30 |

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 04/15/1982 | Applied For Not Applicable |
| 4. FEI Number 43-1240953 | |
| 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 | |

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

| |
|---|
| 10. Name and Address of New Registered Agent |
| 61 Name |
| 62 Street Address (P.O. Box Number is Not Acceptable) |
| 63 |
| 64 City |
| FL 65 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--------------------------------------|
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | FOONDELLA ROBERT W |
| STREET ADDRESS | 29 SUMMERBERRY CIR |
| CITY-ST-ZIP | BRISTOL CT |
| TITLE | CFOT <input type="checkbox"/> DELETE |
| NAME | SEARFOSS DAVID W |
| STREET ADDRESS | 3 STRATFORD RD W |
| CITY-ST-ZIP | FARMINGTON CT |
| TITLE | EVP <input type="checkbox"/> DELETE |
| NAME | M'CLOUGHLIN PHILIP R |
| STREET ADDRESS | 39 JOSHUA DR |
| CITY-ST-ZIP | W SIMSBURY CT |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | YOUNG DONA D |
| STREET ADDRESS | 89 WOODFORD HILLS DR |
| CITY-ST-ZIP | AVON CT |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | BOOTH RICHARD M |
| STREET ADDRESS | 60 HIGH RIDGE RD |
| CITY-ST-ZIP | S GLASTONBURY CT |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Fiondella, Robert W. |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | 3 stratford Road |
| 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 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Secretary Engberg, Nancy J |
| 6.3 STREET ADDRESS | 159 Ferry Road |
| 6.4 CITY-ST-ZIP | Haddlyme, Conn. 06439 |

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:

David W. Seaborn

3/17/98

(860)403-5947

CR2E034 (10/97)