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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90087 017 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 852582

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

3. Date Incorporated or Qualified

04/15/1982

4. FEI Number

43-1240953

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **100 Bright Meadow**
Suite, Apt. #, etc. **Boulevard**

2a. Mailing Address

Suite, Apt. #, etc.

22 City & State

23 **Enfield, Conn.**

27 City & State

28 Zip

Country

24 **06683-1900** 25 **US**

29 Zip

30 Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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, 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	FIONDELLA, 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	
CITY-ST-ZIP	FARMINGTON CT	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	MCLOUGHLIN 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	S	<input type="checkbox"/> DELETE
NAME	ENGBERG, NANCY J	
STREET ADDRESS	159 FERRY RD	
CITY-ST-ZIP	HADLYME CT 06439	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Executive Vice President / CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	Booth Richard H <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

2/4/99 **(860)403-5973**

Date

Daytime Phone #

CR2E034 (11/98)