

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 852582

1. Entity Name

PHOENIX LIFE AND ANNUITY COMPANY

Principal Place of Business

Mailing Address

100 BRIGHT MEADOW BLVD.  
ENFIELD CT 06083-1900  
US

ONE AMERICAN ROW  
CORP TAX DEPT  
HARTFORD CT 06115-2521  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1240953

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FIONDELLA, ROBERT W	
STREET ADDRESS	29 SUMMERBERRY CIR	
CITY-ST-ZIP	BRISTOL CT	
TITLE	EVC	<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 checked="" type="checkbox"/> Delete
NAME	YOUNG DONA D	
STREET ADDRESS	89 WOODFORD HILLS DR	
CITY-ST-ZIP	AVON CT	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOOTH, RICHARD H	
STREET ADDRESS	60 HIGH RIDGE RD	
CITY-ST-ZIP	S GLASTONBURY CT	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ENGBERG, NANCY J	
STREET ADDRESS	159 FERRY RD	
CITY-ST-ZIP	HADLYME CT 06439	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Executive v.p.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James J. Nolan	
STREET ADDRESS	13 Muriel Drive	
CITY-ST-ZIP	Granby Ct.	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John H. Beers	
STREET ADDRESS	15 Fernwood Road	
CITY-ST-ZIP	West Hartford CT 06119	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*David W. Searfoss* **REQUIRED** David W. Searfoss 1/13/00 (860) 403-594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90117 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE