

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**  
 02-05-2002 90123 046 \*\*\*150.00

U.S. 2014 A1

**DOCUMENT # 852582**

1. Entity Name  
**PHOENIX LIFE AND ANNUITY COMPANY**

Principal Place of Business

**100 BRIGHT MEADOW BLVD.  
 ENFIELD CT 06083-1900  
 US**

Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**One American Row**

Suite, Apt. #, etc.

**cto John H. Beers, Secretary**

City & State

**Hartford, CT**

4. FEI Number

**43-1240953**

Applied For

Not Applicable

Zip

Country

**06102-5050**

Country

**USA**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **P FIONDELLA, ROBERT W**  
 STREET ADDRESS **29 SUMMERBERRY CIR**  
 CITY-ST-ZIP **BRISTOL CT**

TITLE ☐ Change ☐ Addition  
 NAME **Chairman/President**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **CFO SEARFOSS DAVID W**  
 STREET ADDRESS **3 STRATFORD RD**  
 CITY-ST-ZIP **FARMINGTON CT**

TITLE ☐ Change ☐ Addition  
 NAME **Executive VP/CFO**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **EVP MCLOUGHLIN PHILIP R**  
 STREET ADDRESS **39 JOSHUA DR**  
 CITY-ST-ZIP **W SIMSBURY CT**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **EVP YOUNG DONA D**  
 STREET ADDRESS **89 WOODFORD HILLS DR**  
 CITY-ST-ZIP **AVON CT**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **64 Waterside Lane**  
 CITY-ST-ZIP **West Hartford, CT 06107**

TITLE ☐ Delete  
 NAME **AT NOLAN, JAMES**  
 STREET ADDRESS **13 MURIEL DR**  
 CITY-ST-ZIP **GRANBY CT**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **S BEERS, JOHN H**  
 STREET ADDRESS **15 FERNWOOD RD**  
 CITY-ST-ZIP **W HARTFORD CT 06119**

TITLE ☒ Change ☐ Addition  
 NAME **Vice President and Secretary**  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**John H. Beers**

**1/14/2002**

**(860) 403-5050**

CR2E034 (9/01)