

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 800583 (7)

1. Corporation Name
THE PHOENIX INSURANCE COMPANY.



Principal Place of Business ONE TOWER SQUARE HARTFORD CONNECTICUT 06183 US	Mailing Address ONE TOWER SQUARE HARTFORD CONNECTICUT 06183 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/29/1914	3a. Date of Last Report 03/29/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 06-0303275	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent STATE INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32304	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL
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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: _____ (NOTE: Registered Agent signature required when re-stating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, CHARLES J.	1.2 NAME
STREET ADDRESS	57 SULKY LANE	1.3 STREET ADDRESS
CITY-ST-ZIP	GLASTONBURY CT	1.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINCE, CHARLES O	2.2 NAME
STREET ADDRESS	100 VALLEY FORGE RD	2.3 STREET ADDRESS
CITY-ST-ZIP	WESTON CT	2.4 CITY-ST-ZIP
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALVANO, JAMES F	3.2 NAME
STREET ADDRESS	54 MOHAWK AVENUE	3.3 STREET ADDRESS
CITY-ST-ZIP	NORWOOD NJ	3.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, MICHAEL A	4.2 NAME
STREET ADDRESS	134 OTTER ROCK DRIVE	4.3 STREET ADDRESS
CITY-ST-ZIP	GREENWICH CT	4.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETTINGER, IRWIN R	5.2 NAME
STREET ADDRESS	180 DOGWOOD LANE	5.3 STREET ADDRESS
CITY-ST-ZIP	STAMFORD CT	5.4 CITY-ST-ZIP
TITLE	DO <input type="checkbox"/> DELETE	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHMAN, JAY S	6.2 NAME
STREET ADDRESS	82 OWATONNA STR	6.3 STREET ADDRESS
CITY-ST-ZIP	HAWORTH NJ	6.4 CITY-ST-ZIP

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D/O/C Change Addition
Fishman, Jay S
82 Owatonna Street
Haworth, NJ

4-21-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ Date: **4/15/1996** (860) 277-3743

CR2E034 (12/95)

ATTACHMENT TO FLORIDA DEPARTMENT OF STATE
CORPORATION ANNUAL REPORT
THE PHOENIX INSURANCE COMPANY

OFFICERS/DIRECTORS

D/C/O

Lipp, Robert I.
38 Park Road
Scarsdale, NY 10583

V

Anderson, James T.
411 Overlook Road
Glastonbury, CT 06033

V

Barbieri, Richard C.
124 Brookview Drive
Vernon, CT 06066

S/V/D/O

DeCarlo, Donald T.
200 Manor Road
Douglaston, NY 11363

V

Foley, Ronald E., Jr.
125 Stoner Drive
West Hartford, CT 06107

S

Foran, Terrence J.
95 Ladyslipper Lane
Glastonbury, CT 06033

V

Green, Robert B.
14 North Drive
Simsbury, CT 06070

V

Hammond, Dale S.
152 Windshire
South Windsor, CT 06074

ATTACHMENT TO FLORIDA DEPARTMENT OF STATE
CORPORATION ANNUAL REPORT
THE PHOENIX INSURANCE COMPANY

OFFICERS/DIRECTORS (CONTINUED)

V

Higgins, Peter N.
114 Squires Glenn
Madison, CT 06443

V

Mannes, Barry L.
29 Stags Leap Court
Pikesville, MD 21208-1029

V

Morrison, Richard F.
10 Whispering Way
Warren, NJ 07059

V

Nothem, James M.
110 School Street
Coventry, CT 06238

V

Palczynski, Richard W.
31 Lee Lane
Tolland, CT 06084

V

Patterson, James A.
15 Highland St., #109
West Hartford, CT 06119

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CORPORATION ANNUAL REPORT
THE PHOENIX INSURANCE COMPANY

OFFICERS/DIRECTORS (CONTINUED)

V

Shea, Thompson
97 Holmes Road
Ridgefield, CT 06877

V

Tyson, David A.
53 Country Club Lane
East Granby, CT 06026

V

Voss, F. Denney
1 Grace Church Street
Rye, NY 10580

D/V/O

Weill, Marc P.
170 East 87th Street, Apt. West 11C
New York, NY 10128

T

White, William H.
8 Woodchuck Hill Road
Canton, CT 06019

V

Willett, W. Douglas
180 Langford Lane
East Hartford, CT 06118

V

Wright, Ronald O.
725 Chestnut Hill Road
Glastonbury, CT 06033