

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

**FILED**

**Apr 20 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 800583 (7)**

1. Corporation Name  
**THE PHOENIX INSURANCE COMPANY.**



Principal Place of Business <b>ONE TOWER SQUARE HARTFORD CONNECTICUT 06183 US</b>	Mailing Address <b>ONE TOWER SQUARE HARTFORD CONNECTICUT 06183 US</b>
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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 Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified <b>01/29/1914</b>	
4. FEI Number <b>06-0303275</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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 <b>FL 32399</b>

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DV</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D/C</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CLARKE, CHARLES J.</b>		1.2 NAME <b>LONG, STANTON F.</b>	
STREET ADDRESS <b>ONE TOWER SQUARE</b>		1.3 STREET ADDRESS <b>ONE TOWER SQUARE</b>	
CITY-ST-ZIP <b>HARTFORD CT</b>		1.4 CITY-ST-ZIP <b>HARTFORD CT 06183</b>	
TITLE <b>DV</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>D/V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KIERNAN, JOSEPH P</b>		2.2 NAME <b>FOLEY, RONALD E., JR.</b>	
STREET ADDRESS <b>ONE TOWER SQUARE</b>		2.3 STREET ADDRESS <b>ONE TOWER SQUARE</b>	
CITY-ST-ZIP <b>HARTFORD CT</b>		2.4 CITY-ST-ZIP <b>HARTFORD CT 06183</b>	
TITLE <b>DCPO</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>D/V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LIPP, ROBERT I</b>		3.2 NAME <b>RESTREPO, ROBERT P., JR.</b>	
STREET ADDRESS <b>ONE TOWER SQUARE</b>		3.3 STREET ADDRESS <b>ONE TOWER SQUARE</b>	
CITY-ST-ZIP <b>HARTFORD CT</b>		3.4 CITY-ST-ZIP <b>HARTFORD CT 06183</b>	
TITLE <b>DVO</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>C</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HANNON, WILLIAM P</b>		4.2 NAME <b>MADONNA, JON C.</b>	
STREET ADDRESS <b>ONE TOWER SQUARE</b>		4.3 STREET ADDRESS <b>388 GREENWICH STREET</b>	
CITY-ST-ZIP <b>HARTFORD CT</b>		4.4 CITY-ST-ZIP <b>NEW YORK NY 10013</b>	
TITLE <b>DVOS</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MICHENER, JAMES M</b>		5.2 NAME <b>CERONE, JAMES F.</b>	
STREET ADDRESS <b>ONE TOWER SQUARE</b>		5.3 STREET ADDRESS <b>ONE TOWER SQUARE</b>	
CITY-ST-ZIP <b>HARTFORD CT</b>		5.4 CITY-ST-ZIP <b>HARTFORD CT 06183</b>	
TITLE <b>DCO</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>FISHMAN, JAY S</b>		6.2 NAME <b>GIBBS, J. DAVID</b>	
STREET ADDRESS <b>ONE TOWER SQUARE</b>		6.3 STREET ADDRESS <b>ONE TOWER SQUARE</b>	
CITY-ST-ZIP <b>HARTFORD CT</b>		6.4 CITY-ST-ZIP <b>HARTFORD CT 06183</b>	

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

CR2E034 (10/97)

**ATTACHMENT TO FLORIDA 1998 PROFIT CORPORATION ANNUAL REPORT**

**THE PHOENIX FIRE INSURANCE COMPANY**

**13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:**

V  
HEALY, PAUL A.  
ONE TOWER SQUARE  
HARTFORD CT 06183

V  
HIGGINS, PETER N.  
ONE TOWER SQUARE  
HARTFORD CT 06183

AS  
JACKSON, DANIEL W.  
ONE TOWER SQUARE  
HARTFORD CT 06183

V  
LAMMEY, GLENN D.  
ONE TOWER SQUARE  
HARTFORD CT 06183

V  
MEAD, CHRISTINE B.  
ONE TOWER SQUARE  
HARTFORD CT 06183

V  
MORRIS, C. TIMOTHY  
ONE TOWER SQUARE  
HARTFORD CT 06183

V  
MORRISON, RICHARD F.  
ONE TOWER SQUARE  
HARTFORD CT 06183

V  
PALCZYNSKI, RICHARD W.  
ONE TOWER SQUARE  
HARTFORD CT 06183

**ATTACHMENT TO FLORIDA 1998 PROFIT CORPORATION ANNUAL REPORT  
THE PHOENIX INSURANCE COMPANY**

**13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:**

**V**

**TYSON, DAVID A.  
ONE TOWER SQUARE  
HARTFORD CT 06183**

**V**

**VOSS, F. DENNEY  
388 GREENWICH STREET  
NEW YORK NY 10013**

**V/T**

**WHITE, WILLIAM H.  
ONE TOWER SQUARE  
HARTFORD CT 06183**

**V**

**WILLET, W. DOUGLAS  
ONE TOWER SQUARE  
HARTFORD CT 06183**

**V**

**YESSMAN, TIMOTHY M.  
ONE TOWER SQUARE  
HARTFORD CT 06183**