FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 09, 1996 08:00 AM
Secretary of State

DOCUMENT # **812598** **(1)**

1. Corporation Name

PHOENIX HOME LIFE MUTUAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
ONE AMERICAN ROW ATTN CORPORATE TAX DEPT HARTFORD CT 06115	ONE AMERICAN ROW ATTN CORPORATE TAX DEPT HARTFORD CT 06115

2. Principal Place of Business (21)	2a. Mailing Address (26)
Street Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **03/01/1958**
3a. Date of Last Report: **01/19/1995**

4. FEI Number: **06-0493340** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL

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 _____ DATE _____
Signature, type or print name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	EVPS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	YOUNG, DONA D		1.2 NAME		
STREET ADDRESS	1 AMERICAN ROW		1.3 STREET ADDRESS		
CITY-ST-ZIP	HARTFORD CT		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILDE, WILSON		2.2 NAME		
STREET ADDRESS	5 DODGE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	W. HARTFORD CT		2.4 CITY-ST-ZIP		
TITLE	EVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCLOUGHLIN, PHILIP		3.2 NAME		
STREET ADDRESS	1 AMERICAN ROW		3.3 STREET ADDRESS		
CITY-ST-ZIP	HARTFORD CT		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GUSCOTT, KENNETH I		4.2 NAME		
STREET ADDRESS	1 ELIAS LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON MA		4.4 CITY-ST-ZIP		
TITLE	SVP	☐ DELETE	5.1 TITLE	EVP/CFO	☒ Change ☐ Addition
NAME	SEARFOSS, DAVID		5.2 NAME		
STREET ADDRESS	1 AMERICAN ROW		5.3 STREET ADDRESS		
CITY-ST-ZIP	HARTFORD CT		5.4 CITY-ST-ZIP		
TITLE	CP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FIONDELLA, ROBERT		6.2 NAME		
STREET ADDRESS	1 AMERICAN ROW		6.3 STREET ADDRESS		
CITY-ST-ZIP	HARTFORD CT		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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.

SIGNATURE: David N. Searfoss 1/31/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #