2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#812598

Title:

Name:

Address:

City-St-Zip:

O,AS

BEERS, JOHN H

ONE AMERICAN ROW

HARTFORD, CT 06102

() Delete

Entity Name: PHOENIX LIFE INSURANCE COMPANY

FILED May 22, 2009 Secretary of State

Current Pri	incipal Place of Busir	ness:	New Princip	pal Place of Business:	
ONE AMERICAN ROW HARTFORD, CT 06115		ONE AMERICAN ROW HARTFORD, CT 06102			
Current Mailing Address:		New Mailing Address:			
ONE AMERICAN ROW C/O JOHN BEERS/ ASSISTANT SECRETARY HARTFORD, CT 061025056		ONE AMERICAN ROW C/O GALE DELFINO HARTFORD, CT 061025056			
FEI Number:	06-0493340 FEI Num	nber Applied For () FEI Nu	mber Not Applic	cable () Certificate of Status Desired ()	
Name and	Address of Current R	egistered Agent:	Name and A	Address of New Registered Agent:	
P O BOX 62 200 E. GAIN	ANCIAL OFFICER 200 (32314-6200) NES ST SEE, FL 323990000 L	JS			
The above in the State		nis statement for the purpose	of changing its	s registered office or registered agent, or both	1,
SIGNATUR	E:				
	Electronic Signate	ure of Registered Agent		Date	-
		s., the corporation did not receive	the prior notice.).	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			-		
		nd Contribution ().	ADDITIONS	S/CHANGES TO OFFICERS AND DIRECTO	RS.
OFFICERS	AND DIRECTORS:	nd Contribution ().		S/CHANGES TO OFFICERS AND DIRECTO	RS:
	AND DIRECTORS: PCOD () Delete	nd Contribution ().	Title:	PCEO (X) Change () Addition	RS:
OFFICERS Title:	AND DIRECTORS:	nd Contribution ().	Title: Name:		RS:
OFFICERS Title: Name:	AND DIRECTORS: PCOD () Delete YOUNG, DONA D	nd Contribution ().	Title: Name: Address:	PCEO (X) Change () Addition WEHR, JAMES D	PRS:
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

VPCO

BEERS, JOHN H

ONE AMERICAN ROW

HARTFORD, CT 06102

(X) Change () Addition

SIGNATURE: JOHN H. BEERS VPCO 05/22/2009