

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

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # 839753**  
1. Corporation Name

**PHOENIX Assurance Company of New York**

Principal Place of Business:  
**9 Capitol Street  
Concord, New Hampshire  
03301  
USA**

Mailing Address:  
**9300 Arrowpoint Boulevard  
Charlotte, North Carolina  
28273  
USA**

**FILED**  
98 JUL 29 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> New Hampshire June 16, 1977	
<b>21</b> Suite, Apt. #, etc.	<b>22</b> City & State	<b>26</b> Suite, Apt. #, etc.	<b>27</b> City & State	<b>4. FEI Number</b> 13-5316370	<b>Applied For</b> Not Applicable
<b>23</b> Zip	<b>24</b> Country	<b>28</b> Zip	<b>29</b> Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>25</b>		<b>30</b>		<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>9. Name and Address of Current Registered Agent</b> Insurance Commissioner The Capitol Tallahassee, FL 32304				<b>10. Name and Address of New Registered Agent</b>	
				<b>81</b> Name	
				<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
				<b>83</b>	
				<b>84</b> City	<b>85</b> Zip Code
				FL	
<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.</b>					

**9. Name and Address of Current Registered Agent**

Insurance Commissioner  
The Capitol  
Tallahassee, FL 32304

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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**

Signature, typed or printed name of registered agent and State of application

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>11 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>12 NAME</b>	See Attached List for Directors & Officers
<b>STREET ADDRESS</b>		<b>13 STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>		<b>14 CITY- ST- ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>21 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>22 NAME</b>	100002607351--9
<b>STREET ADDRESS</b>		<b>23 STREET ADDRESS</b>	-08/04/98--01093--029
<b>CITY- ST- ZIP</b>		<b>24 CITY- ST- ZIP</b>	***2201.25 ***2201.25
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>31 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>32 NAME</b>	
<b>STREET ADDRESS</b>		<b>33 STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>		<b>34 CITY- ST- ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>41 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>42 NAME</b>	
<b>STREET ADDRESS</b>		<b>43 STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>		<b>44 CITY- ST- ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>51 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>52 NAME</b>	
<b>STREET ADDRESS</b>		<b>53 STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>		<b>54 CITY- ST- ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>61 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>62 NAME</b>	
<b>STREET ADDRESS</b>		<b>63 STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>		<b>64 CITY- ST- ZIP</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 on an attachment with an address**

**SIGNATURE:** *Joyce W. Wheeler*  
Joyce W. Wheeler, General Counsel, VP & Corporate Secretary 4/20/98 522-2000  
(704)

CR2E034 (10/97)

**83-98 REINSTATEMENT**  
B 7/31

**Phoenix Assurance Company of New York  
Directors and Officers  
As of December 31, 1997**

**Title Code:** C  
**Name:** Robert Victor Mendelsohn  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273

**Title Code:** P,D  
**Name:** Terry Broderick  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273

**Title Code:** D,V  
**Name:** Joseph F. Fisher  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273

**Title Code:** D  
**Name:** V. Michael Kogel  
**Street Address:** Two Jericho Plaza  
**City, State, Zip:** Jericho, NY 11753-0873

**Title Code:** D,V  
**Name:** James David McDonald  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273

**Title Code:** D,V  
**Name:** James F. Noonan  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273

**Title Code:** D,V  
**Name:** Larry Gene Simmons  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273

**Title Code:** D,V  
**Name:** Paul H. Stewman  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273

**Title Code:** D,V,S  
**Name:** Joyce Wethington Wheeler  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273

**Title Code:** V  
**Name:** Sean Antony Beatty  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273

**Title Code:** V  
**Name:** David Michael Davenport  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273

**Title Code:** V,T  
**Name:** Lawrence W. Gowen  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273

**Title Code:** V  
**Name:** Alan Edward Kaliski  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273

**Title Code:** V  
**Name:** Elizabeth Jane McLaughlin  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273

**Title Code:** Assistant Corporate Secretary  
**Name:** Linda Y. Pettigrew  
**Street Address:** 9300 Arrowpoint Boulevard  
**City, State, Zip:** Charlotte, NC 28273