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Feb 18, 1999 8:00am  
Secretary of State

02-18-1999 90087 050 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 839753

1. Corporation Name

PHOENIX ASSURANCE COMPANY OF NEW YORK

Principal Place of Business

9 CAPITAL STREET  
CONCORD NH 03301  
US

Mailing Address

9 CAPITAL STREET  
CONCORD NH 03301  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1977

4. FEI Number

13-5316370

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETENAME MENDELSON, ROBERT V  
STREET ADDRESS 9300 ARROWPOINT BLVD.  
CITY-ST-ZIP CHARLOTTE NC 28273TITLE PD ☐ DELETENAME BRODERICK, TERRY  
STREET ADDRESS 9300 ARROWPOINT BLVD.  
CITY-ST-ZIP CHARLOTTE NC 28273TITLE DV ☐ DELETENAME FISHER, JOSEPH F  
STREET ADDRESS 9300 ARROWPOINT BLVD.  
CITY-ST-ZIP CHARLOTTE NC 28273TITLE D ☐ DELETENAME KOGL, V. MICHAEL F  
STREET ADDRESS 9300 ARROWPOINT BLVD.  
CITY-ST-ZIP CHARLOTTE NC 28273TITLE DV ☐ DELETENAME MCDONALD, JAMES D  
STREET ADDRESS 9300 ARROWPOINT BLVD.  
CITY-ST-ZIP CHARLOTTE NC 28273TITLE DV ☐ DELETENAME NOONAN, JAMES F  
STREET ADDRESS 9300 ARROWPOINT BLVD.  
CITY-ST-ZIP CHARLOTTE NC 28273

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Joyce W. Wheeler Joyce W. Wheeler, Corporate Secretary

1/29/99 704/522-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR09034 (11/98)