# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 05, 2002 8:00 am**
**Secretary of State**
02-05-2002 90123 046 ***150.00

DOCUMENT # 852582

1. Entity Name
PHOENIX LIFE AND ANNUITY COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| 100 BRIGHT MEADOW BLVD.<br>ENFIELD CT 06083-1900<br>US | ONE AMERICAN ROW<br>CORP TAX DEPT<br>HARTFORD CT 06115<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. c/o John H. Beers, Secretary |
| City & State | City & State Hartford, CT |
| Zip / Country | Zip 06102-5056 / Country USA |

4. FEI Number 43-1240953 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| INSURANCE COMMISSIONER<br>THE CAPITOL<br>TALLAHASSEE FL 32301 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2002 Fee will be $550.00**
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>FIONDELLA, ROBERT W<br>29 SUMMERBERRY CIR<br>BRISTOL CT | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Chairman/President | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CFO<br>SEARFOSS DAVID W<br>3 STRATFORD RD<br>FARMINGTON CT | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Executive VP/CFO | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | EVP<br>MCLOUGHLIN PHILIP R<br>39 JOSHUA DR<br>W SIMSBURY CT | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | EVP<br>YOUNG DONA D<br>89 WOODFORD HILLS DR<br>AVON CT | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 64 Waterside Lane<br>West Hartford, CT 06107 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AT<br>NOLAN, JAMES<br>13 MURIEL DR<br>GRANBY CT | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>BEERS, JOHN H<br>15 FERNWOOD RD<br>W HARTFORD CT 06119 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice President and Secretary | ☒ Change ☐ Addition |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED John H. Beers 1/14/2002 (860) 403-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)