

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90213 040 ***150.00

DOCUMENT # 852582

1. Entity Name
PHOENIX LIFE AND ANNUITY COMPANY



Principal Place of Business
**100 BRIGHT MEADOW BLVD.
ENFIELD CT 06083-1900
US**

Mailing Address
**ONE AMERICAN ROW
C/O JOHN H. BEERS, SECRETARY
HARTFORD CT 06102-5056
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **43-1240953**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CP** ☒ Delete
NAME **FIONDELLA, ROBERT W**
STREET ADDRESS **29 SUMMERBERRY CIR**
CITY-ST-ZIP **BRISTOL CT**

TITLE **Director/President** ☐ Change ☒ Addition
NAME **Simon Y. Ton**
STREET ADDRESS **One American Row**
CITY-ST-ZIP **Hartford, CT 06102-5056**

TITLE **CFO** ☒ Delete
NAME **SEARFOSS DAVID W**
STREET ADDRESS **3 STRATFORD RD**
CITY-ST-ZIP **FARMINGTON CT**

TITLE **VCFD** ☐ Change ☒ Addition
NAME **Coleman D. Ross**
STREET ADDRESS **One American Row**
CITY-ST-ZIP **Hartford, CT 06102-5056**

TITLE **EVP** ☒ Delete
NAME **MCCLOUGHLIN PHILIP R**
STREET ADDRESS **39 JOSHUA DR**
CITY-ST-ZIP **W SIMSBURY CT**

TITLE **VICIO** ☐ Change ☒ Addition
NAME **Michael E. Hayton**
STREET ADDRESS **56 Prospect Street**
CITY-ST-ZIP **Hartford, CT 06115**

TITLE **EVP** ☒ Delete
NAME **YOUNG DONA D**
STREET ADDRESS **64 WATERSIDE LANE**
CITY-ST-ZIP **W HARTFORD CT 06107**

TITLE **VT** ☐ Change ☒ Addition
NAME **Katherine P. Cody**
STREET ADDRESS **56 Prospect Street**
CITY-ST-ZIP **Hartford, CT 06115**

TITLE **AT** ☐ Delete
NAME **NOLAN, JAMES**
STREET ADDRESS **13 MURIEL DR**
CITY-ST-ZIP **GRANBY CT**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SV** ☐ Delete
NAME **BEERS, JOHN H**
STREET ADDRESS **15 FERNWOOD RD**
CITY-ST-ZIP **W HARTFORD CT 06119**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

John H. Beers

01-16-03

(860) 403-5350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)