

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 01, 2011
Secretary of State

Entity Name: PHOENIX LIFE SOLUTIONS, INC.

Current Principal Place of Business:

610 W. GERMANTOWN PIKE, SUITE 150
PLYMOUTH MEETING, PA 19462

New Principal Place of Business:

ONE AMERICAN ROW
HARTFORD, CT 06102

Current Mailing Address:

ONE AMERICAN ROW
HARTFORD, CT 06102

New Mailing Address:

FEI Number: 26-0681197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D,P
Name: POLKINGHORN, PHILIP K
Address: ONE AMERICAN ROW
City-St-Zip: HARTFORD, CT 06102

Title: D,AT
Name: HOFMANN, PETER A
Address: ONE AMERICAN ROW
City-St-Zip: HARTFORD, CT 06102

Title: D
Name: KLEINMAN, NAOMI B
Address: ONE AMERICAN ROW
City-St-Zip: HARTFORD, CT 06102

Title: VP,S
Name: BEERS, JOHN H
Address: ONE AMERICAN ROW
City-St-Zip: HARTFORD, CT 06102

Title: T
Name: GUAZZELLI, SUSAN L
Address: ONE AMERICAN ROW
City-St-Zip: HARTFORD, CT 06102

Title: VPAS
Name: MCGAH, KATHLEEN A
Address: ONE AMERICAN ROW
City-St-Zip: HARTFORD, CT 06102

I hereby 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 all other like empowered.

SIGNATURE: JOHN H. BEERS

VP,S

03/01/2011

Electronic Signature of Signing Officer or Director

Date