2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 27, 2000 8:00 am Secretary of State DOCUMENT # **P05382** 1. Entity Name PHOENIX NATIONAL INSURANCE COMPANY 01-27-2000 90061 046 ***150.00 Principal Place of Business Mailing Address ONE AMERICAN ROW 8050 HASBROOK RD CINCINNATI OH 45236-2907 HARTFORD CO 06115-2521 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State FEI Number 31-0628424 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE FLORIDA INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL BUILDING TALLAHASSEE FL 32399 City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible -Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition TITLE TITLE ☐ Delete OCONNELL, GINA C NAME NAME STREET ADDRESS STREET ADDRESS 143 WARNER CRT CITY-ST-ZIE CITY - ST - ZIP **GLASTONBURY CT 06033** chairman X Change D 301 RW 7 150 L ☐ Addition 🔀 Delete TITLE TITLE FIONDELLA: ROBERT W NAME NAME STREET ADDRESS STREET ADDRESS 29 SUMMERBERRY CIR CITY-ST-7IP CITY-ST-ZIE BRISTON CO: \ **Change** ☐ Addition EVPに記り タスタ 🖊 Delete TITLE TITLE SEARFOSS: DAVID W NAME STREET ADDRESS STREET ADDRESS 3 STRATFORD RD CITY-ST-ZIP CITY-ST-ZIP FARMINGTON CN ☐ Addition Delete 💢 Change TITLE NAME ENGBERG, NANCY J NAME STREET ADDRESS STREET ADDRESS 13 MURIEL DR CITY-ST-ZIP CITY-ST-ZIP HADLYME CN 06439 T: 615 🛛 Delete ☐ Addition TITI F Rulmmlwouq WILLIAMS, 'A.S.:(1) NAME NAME: STREET ADDRESS STREET ADDRESS 2801 HWY 280 S. CITY-ST-ZIF CITY-ST-7IP **BIRMINGHAM AL** S of the WEST ENSINE CHE 🗶 Change ☐ Addition TITLE Delete TITLE NAME NAME LONG DEBORAH J. R. STREET ADDRESS STREET ADDRESS 2801 HWY 280 S.

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.

CITY-ST-ZIP

SIGNATURE:

BIRMINGHAM*AL* + 125*

CITY-ST-ZIP

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