

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-27-2003 90213 005 ***150.00

DOCUMENT # P38086

1. Entity Name
AMERICAN PHOENIX LIFE AND REASSURANCE COMPANY



Principal Place of Business
ONE AMERICAN ROW
C/O JOHN H BEERS
HANFORD CT 06102-5056

Mailing Address
ONE AMERICAN ROW
C/O JOHN H BEERS
HANFORD CT 06102-5056



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-1323069**

Applied For
Not Applicable

Zip

Country

Zip

Country

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
THE CAPITOL BLDG.
TALLAHASSEE FL 32399-0300

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 _____ (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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | VPS | <input type="checkbox"/> Delete |
| NAME | BEERS, JOHN H | |
| STREET ADDRESS | 15 FERNWOOD RD | |
| CITY-ST-ZIP | W HARTFORD CT 06119 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | PELLERIN, DAVID R | |
| STREET ADDRESS | 81 SENTINAL WOODS DRIVE | |
| CITY-ST-ZIP | HEBRON CT 06248 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | CUMMINGS, RAYMOND E | |
| STREET ADDRESS | THAYER RD | |
| CITY-ST-ZIP | HIGGANUM CT | |
| TITLE | 2VP | <input checked="" type="checkbox"/> Delete |
| NAME | ARGENTIERI, LEONARD | |
| STREET ADDRESS | 15 KETCHBROOK LN | |
| CITY-ST-ZIP | ELLINGTON CT 06029 | |
| TITLE | VPCF | <input checked="" type="checkbox"/> Delete |
| NAME | SEARFOSS, DAVID W | |
| STREET ADDRESS | 3 STRATFORD ROAD | |
| CITY-ST-ZIP | FARMINGTON CT | |
| TITLE | AT | <input checked="" type="checkbox"/> Delete |
| NAME | DUBINSKY, SHEILA K | |
| STREET ADDRESS | 80 ALPINE TRAIL | |
| CITY-ST-ZIP | PLANTSVILLE CT | |

| | | |
|----------------|------------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | One American Row | |
| STREET ADDRESS | Hartford, CT 06102-5056 | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | One American Row | |
| STREET ADDRESS | Hartford, CT 06102-5056 | |
| CITY-ST-ZIP | | |
| TITLE | and VP Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Katherine P. Cady | |
| STREET ADDRESS | 56 Prospect Street | |
| CITY-ST-ZIP | Hartford, CT 06115 | |
| TITLE | Assistant Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Richard J. Wirth | |
| STREET ADDRESS | One American Row | |
| CITY-ST-ZIP | Hartford, CT 06102-5056 | |
| TITLE | EVPI Chief Financial Officer | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Coleman D. Ross | |
| STREET ADDRESS | One American Row | |
| CITY-ST-ZIP | Hartford, CT 06102-5056 | |
| TITLE | AT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | James J. Nolan | |
| STREET ADDRESS | One American Row | |
| CITY-ST-ZIP | Hartford, CT 06102-5056 | |

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) 443-5050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)