## 2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 800583** 

Entity Name: THE PHOENIX INSURANCE COMPANY.

**Current Principal Place of Business:** 

ONE TOWER SQUARE HARTFORD. CT 06183

**Current Mailing Address:** 

ONE TOWER SQUARE HARTFORD, CT 06183 US

FEI Number: 06-0303275 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES STREET TALLAHASSEE, FL 32399-0000 US

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

FILED Mar 12, 2014

**Secretary of State** 

CC1771060660

Officer/Director Detail:

Title DPO Title DO

Name MACLEAN, BRIAN W Name BENET, JAY S

Address ONE TOWER SQUARE Address ONE TOWER SQUARE

City-State-Zip: HARTFORD CT 06183 City-State-Zip: HARTFORD CT 01683

Title DO Title AS

NameHEYMAN, WILLIAM HNameMULCAHY, ANN B.Address485 LEXINGTON AVENUE, SUITE 400AddressONE TOWER SQUARECity-State-Zip:NEW YORK NY 10017-2630City-State-Zip:HARTFORD CT 06183

Title SO Title TO

Name SKJERVEN, WENDY C Name OLIVO, MARIA

Address 385 WASHINGTON STREET Address 485 LEXINGTON AVENUE, SUITE 400

City-State-Zip: ST. PAUL MN 55102 City-State-Zip: NEW YORK NY 10017-2630

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: ANN B. MULCAHY

ASSISTANT CORPORATE SECRETARY

03/12/2014