

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Mar 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 836238 (6)
1. Corporation Name
PHOENIX AMERICAN LIFE INSURANCE COMPANY



Principal Place of Business ONE AMERICAN ROW HARTFORD CT 06115	Mailing Address ONE AMERICAN ROW HARTFORD CT 06115-2521
--	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/28/1976	3a. Date of Last Report 02/09/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 06-0893662		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SC	<input type="checkbox"/> DELETE	1.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBBINS, KEITH D		1.2 NAME	
STREET ADDRESS ONE AMERICAN ROW		1.3 STREET ADDRESS 7 GRANT ESTATE DR.	
CITY-STATE-ZIP HARTFORD, CT 00000		1.4 CITY-STATE-ZIP SIMSBURY, CT 06092	
TITLE DEVP	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAYDOS, CHARLES J.		2.2 NAME	
STREET ADDRESS ONE AMERICAN ROW		2.3 STREET ADDRESS 140 BALBRAE DR.	
CITY-STATE-ZIP HARTFORD, CT 00000		2.4 CITY-STATE-ZIP BLOOMFIELD, CT 06000	
TITLE SVP	<input type="checkbox"/> DELETE	3.1 TITLE EXEC. V.P. + DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SEARFOSS, DAVID W		3.2 NAME	
STREET ADDRESS ONE AMERICAN ROW		3.3 STREET ADDRESS 3 STRATFORD RD.	
CITY-STATE-ZIP HARTFORD, CT 00000		3.4 CITY-STATE-ZIP FARMINGTON, CT 06032	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FIONDELLA, ROBERT W		4.2 NAME	
STREET ADDRESS ONE AMERICAN ROW		4.3 STREET ADDRESS 69 SUMMERBERRY CIRCLE	
CITY-STATE-ZIP HARTFORD, CT 00000		4.4 CITY-STATE-ZIP BRISTOL, CT 06010	
TITLE AT	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NOLAN, JAMES		5.2 NAME	
STREET ADDRESS ONE AMERICAN ROW		5.3 STREET ADDRESS 13 MUEDEL DR.	
CITY-STATE-ZIP HARTFORD CT		5.4 CITY-STATE-ZIP GRANBY, CT 06035	
TITLE AS	<input checked="" type="checkbox"/> DELETE	6.1 TITLE DIRECTOR + EXEC. V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SINGER, LEWIS		6.2 NAME	
STREET ADDRESS ONE AMERICAN ROW		6.3 STREET ADDRESS YOUNG, DONALD	
CITY-STATE-ZIP HARTFORD CT		6.4 CITY-STATE-ZIP 89 WOODFORD HILLS DR. AVON, CT 06001	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David W. Searfoss DATE: 3-6-97 DAYTIME PHONE: (860) 403-5947

CR2E034 (9/96)