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Secretary of State

03-01-1999 90087 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 836238

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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/26/1976	
4. FEI Number 06-0893662	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

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	
84 City	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	ENGBERG, NANCY J	
STREET ADDRESS	159 FERRY RD	
CITY-ST-ZIP	HADLYME CT 06439	
TITLE	DEVP	<input checked="" type="checkbox"/> DELETE
NAME	PAYDOS, CHARLES J.	
STREET ADDRESS	140 BALBRAE DR	
CITY-ST-ZIP	BLOOMFIELD CT	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SEARFOSS, DAVID W	
STREET ADDRESS	3 STRATFORD RD	
CITY-ST-ZIP	FARMINGTON CT	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FIONDELLA, ROBERT W	
STREET ADDRESS	29 SUMMERBERRY CIR	
CITY-ST-ZIP	BRISTOL CT	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	NOLAN, JAMES	
STREET ADDRESS	13 MURIEL DR	
CITY-ST-ZIP	GRANBY CT	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	YOUNG, DONA D	
STREET ADDRESS	89 WOODFORD HILLS DR	
CITY-ST-ZIP	AVON CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cummings, Raymond E.
2.3 STREET ADDRESS	Thayer Road
2.4 CITY-ST-ZIP	Higganum, Conn.
3.1 TITLE	Exe. Vice President / CFO / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Executive Vice President / Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: James J. Nolan James J. Nolan 2/4/99 (860) 403-5575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)