

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90117 021 \*\*\*150.00

**DOCUMENT # 836238**

1. Entity Name

**PHOENIX AMERICAN LIFE INSURANCE COMPANY**

Principal Place of Business

Mailing Address

ONE AMERICAN ROW  
 HARTFORD CT 06115

ONE AMERICAN ROW  
 HARTFORD CT 06115-2521

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**06-0893662**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER  
 CAPITOL BUILDING  
 TALLAHASSEE FL 32304

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME                | STREET ADDRESS       | CITY-ST-ZIP      | Delete                              |
|-------|---------------------|----------------------|------------------|-------------------------------------|
| S     | ENGBERG, NANCY J    | 159 FERRY RD         | HADLYME CT 06439 | <input checked="" type="checkbox"/> |
| T     | CUMMINGS, RAYMOND E | THAYER RD.           | HIGGANUM CT      | <input type="checkbox"/>            |
| EVCD  | SEARFOSS, DAVID W   | 3 STRATFORD RD       | FARMINGTON CT    | <input checked="" type="checkbox"/> |
| PD    | FIONDELLA, ROBERT W | 29 SUMMERBERRY CIR   | BRISTOL CT       | <input type="checkbox"/>            |
| AT    | NOLAN, JAMES        | 13 MURIEL DR         | GRANBY CT        | <input type="checkbox"/>            |
| EVD   | YOUNG, DONA D       | 89 WOODFORD HILLS DR | AVON CT          | <input checked="" type="checkbox"/> |

| TITLE                | NAME          | STREET ADDRESS   | CITY-ST-ZIP              | Change                              | Addition                 |
|----------------------|---------------|------------------|--------------------------|-------------------------------------|--------------------------|
| Secretary            | John H. Beers | 15 Fernwood Road | West Hartford, Ct. 06119 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Executive V.P. / CFO |               |                  |                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                      |               |                  |                          | <input type="checkbox"/>            | <input type="checkbox"/> |
|                      |               |                  |                          | <input type="checkbox"/>            | <input type="checkbox"/> |
| Executive V.P.       |               |                  |                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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.

SIGNATURE:

*James J. Nolan* **JAMES J. NOLAN** James J. Nolan 1/13/00 (860) 403-

Date

Daytime Phone #