

1.) CORPORATION NAME:

**Phoenix Life Insurance Company**

DUE DATE: **1/31/2012**

SCC ID NO: **F0000796**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE AMERICAN ROW

CITY/ST/ZIP: HARTFORD, CT 06102-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: PETER A HOFMANN  
TITLE: SR EVP/CFO/T  
ADDRESS: ONE AMERICAN ROW  
CITY/ST/ZIP/CO: HARTFORD, CT 06102-

OFFICER

DIRECTOR

NAME: JAMES D WEHR  
TITLE: PRES/CEO  
ADDRESS: ONE AMERICAN ROW  
CITY/ST/ZIP/CO: HARTFORD, CT 06102-

OFFICER

DIRECTOR

NAME: JOHN T MULRAIN  
TITLE: EVP/GC/SEC  
ADDRESS: ONE AMERICAN ROW  
CITY/ST/ZIP/CO: HARTFORD, CT 06102-5056

OFFICER

DIRECTOR

NAME: JOHN H BEERS  
TITLE: VP/COUNSEL/CCO  
ADDRESS: ONE AMERICAN ROW  
CITY/ST/ZIP/CO: HARTFORD, CT 06102-

OFFICER

DIRECTOR

NAME: MARTIN N BAILEY  
TITLE: DIRECTOR  
ADDRESS: ONE AMERICAN ROW  
CITY/ST/ZIP/CO: HARTFORD, CT 06102-

OFFICER

DIRECTOR

NAME:	ARTHUR PAUL BYRNE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		
NAME:	SANFORD CLOUD, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		
NAME:	GORDON JAMISON DAVIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		
NAME:	JOHN HOLGER FORSGREN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		
NAME:	ANN MAYNARD GRAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		
NAME:	THOMAS STEPHEN JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	BOARD CHAIRMAN		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		
NAME:	AUGUSTUS KOUNTZE OLIVER, II	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		
NAME:	ARTHUR FREDERIC WEINBACH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		
NAME:	SUSAN L GUAZZELLI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		
NAME:	JOHN H BEERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		

NAME: DENNIS L DERR TITLE: ASST SECRETARY ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOHN R FLORES TITLE: ASST SECRETARY ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: BONNIE J MALLEY TITLE: ASST SECRETARY ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ JOHN H BEERS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN H BEERS, VP/COUNSEL/CCO PRINTED NAME AND CORPORATE TITLE	12/7/2011 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		