

1.) CORPORATION NAME:

Phoenix Life Insurance Company

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0000796**

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.

<p>NAME: JAMES D WEHR TITLE: PRES/CEO ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOHN H BEERS TITLE: VP/LIT&GOV CNSL ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOHN T MULRAIN TITLE: EVP/GC/SEC ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102-5056</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOHN H BEERS TITLE: ASST SECRETARY ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DENNIS L DERR TITLE: ASST SECRETARY ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DAVID R PELLERIN TITLE: SVP/CRO ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

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

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ARTHUR FREDERIC WEINBACH	
TITLE:	DIRECTOR	
ADDRESS:	ONE AMERICAN ROW	
CITY/ST/ZIP/CO:	HARTFORD, CT 06102	

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	JOHN H BEERS, VP/LIT&GOV	1/22/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CNSL PRINTED NAME AND CORPORATE TITLE	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.