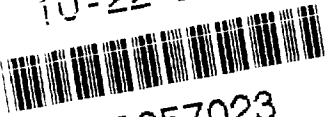


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Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab settings

U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies): Phoenix Home Life Mutual Insurance Company
Individual(s) Association
General Partnership Limited Partnership
Corporation-State
Other
Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies)
Name: Phoenix Life Insurance Company
Internal Address:
Street Address: One American Row
City: Hartford State: CT ZIP: 06102
Individual(s) citizenship
Association
General Partnership
Limited Partnership
Corporation-State New York
Other
If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
Additional name(s) & address(es) attached? Yes No

3. Nature of conveyance:
Assignment Merger
Security Agreement Change of Name
Other
Execution Date: June 25, 2001

4. Application number(s) or registration number(s):
A. Trademark Application No.(s)
75/769477 75/763707 76/160516 76/230280 76/205527
76/228165 75/928658 76/160514 76/239154 76/172646
Additional number(s) attached Yes No

B. Trademark Registration No.(s)
2257157 2010349 2210897 2035872 971869 2101683
1876085 2278471 2420081 1868985 1249277 2399281
2462266 2460049
Additional number(s) attached Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:
Name: Meichelle R. MacGregor, Esq.
Internal Address: Cowan, Liebowitz & Latman, P.C.
Street Address: 1133 Avenue of the Americas
City: New York State: NY Zip: 10036

6. Total number of applications and registrations involved: 36

7. Total fee (37 CFR 3.41) \$ 915.00
Enclosed
Authorized to be charged to deposit account

8. Deposit account number: 03-3415
(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. Statement and signature.
To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.
Meichelle R. MacGregor
Name of Person Signing
Signature
October 9, 2002
Date

Total number of pages including cover sheet, attachments, and document: 3

10/21/2002 LMUELLER 00000120 75769477
01 FC:8521
02 FC:8522

Mail documents to be recorded with required cover sheet information to:
Commissioner of Patent & Trademarks, Box Assignments
Washington, D.C. 20231

TRADEMARK
REEL: 002603 FRAME: 0063

Change of Name from
Phoenix Home Life Mutual Insurance Company
to
Phoenix Life Insurance Company

(Additional Registration Numbers)

1,817,114	1,950,264	1,817,116	2,498,940	1,980,693	1,487,792
2,078,762	2,022,081	2,007,929	1,880,855	1,487,793	1,911,765

STATE OF NEW YORK
INSURANCE DEPARTMENT

It is hereby certified that

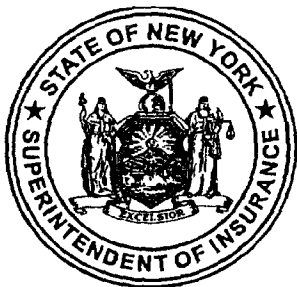
PHOENIX LIFE INSURANCE COMPANY
of East Greenbush, New York

was incorporated under the Laws of the State of New York on March 1, 1864, under the title of PHOENIX MUTUAL LIFE INSURANCE COMPANY and was licensed to transact insurance business in the State of New York on March 1, 1864 ;

that it changed its name to PHOENIX HOME LIFE MUTUAL INSURANCE COMPANY on July 1, 1992;

that it changed its name to PHOENIX LIFE INSURANCE COMPANY on June 25, 2001.

IT IS HEREBY FURTHER CERTIFIED that the aforesaid Company is duly authorized in the State of New York to transact the business of life, annuities and accident and health insurance as specified in the paragraph(s) 1, 2 and 3 of Section 1113(a) of the New York Insurance Law, and has been continuously licensed and remains in good standing to the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of this Department at the City of Albany, New York, this 25th day of June, 2001

GREGORY V. SERIO
Superintendent of Insurance

By

A handwritten signature in cursive script, appearing to read "Gregory V. Serio".

Special Deputy Superintendent

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

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1. Name of conveying party(ies):
Phoenix Home Life Mutual Insurance Company

Individual(s) Association
 General Partnership Limited Partnership
 Corporation-State
 Other _____

Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies)
Name: Phoenix Life Insurance Company
Internal
Address: _____

Street Address: One American Row
City: Hartford State: CT Zip: 06102

Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State New York
 Other _____

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
 (Designations must be a separate document from assignment)
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Street Address: 1133 Avenue of the Americas

City: New York State: NY Zip: 10036

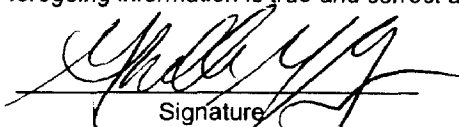
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7. Total fee (37 CFR 3.41).....\$ 915.00
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 Authorized to be charged to deposit account

8. Deposit account number:
03-3415
(Attach duplicate copy of this page if paying by deposit account)

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9. Statement and signature.
To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Meichelle R. MacGregor  October 9, 2002
Name of Person Signing Signature Date

Total number of pages including cover sheet, attachments, and document: **3**

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Washington, D.C. 20231

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(Additional Registration Numbers)

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GREGORY V. SERIO
Superintendent of Insurance

By

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Special Deputy Superintendent

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

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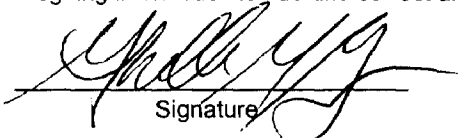
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GREGORY V. SERIO
Superintendent of Insurance

By

Frank G. DeMarco

Special Deputy Superintendent