

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F94000004980 (8)**  
1. Corporation Name

**PHL VARIABLE INSURANCE COMPANY**



Principal Place of Business: **ONE AMERICAN ROW HARTFORD CT 06115**  
Mailing Address: **ONE AMERICAN ROW HARTFORD CT 06115**

3. Date Incorporated or Qualified: **09/26/1994**  
3a. Date of Last Report: **01/24/1995**

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

4. FEI Number: **06-1045829**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300**

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: **FL**

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 607.0506, Florida Statutes.

SIGNATURE

Signature of Special Agent in Charge (agent and street applicable)

(N/A) Registered Agent (not required when registered)

(N/A)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	<b>DS</b>	<b>MASTERS, CAROLE A</b>	<b>112 DUNHAM POND ROAD STORRS CT 06268</b>	<input checked="" type="checkbox"/>
	<b>DV</b>	<b>ROBBINS, KEITH D</b>	<b>7 GRANT ESTATE DR. WEST SIMSBURY CT 06092</b>	<input type="checkbox"/>
	<b>D</b>	<b>YOUNG, DONA D</b>	<b>89 WOODFORD HILLS DR. AVON CT 06001</b>	<input type="checkbox"/>
	<b>P</b>	<b>PAYDOS, CHARLES J</b>	<b>140 BALBRAE DR. BLOOMFIELD CT 06002</b>	<input type="checkbox"/>
	<b>T</b>	<b>SEAFUSS, DAVID W</b>	<b>3 STRATFORS ROAD FARMINGTON CT 06032</b>	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADDITION
	<b>PRESIDENT</b>	<b>FIONDELLA, ROBERT W.</b>	<b>29 SUMMERBERRY CIRCLE BRISTOL, CT 06010</b>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>SECRETARY</b>							<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>EXEC. VICE-PRES.</b>							<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>EXEC. VICE-PRES.</b>							<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>SEAFUSS, DAVID W.</b>							<input checked="" type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*David W. Seafuss*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(860) 403-5388

CR2E034 (3/96)