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

2a. Mailing Address — 26
Suite, Apt #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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 — **FL** — 85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE: Signature (type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	☒ DELETE
NAME	MASTERS, CAROLE A	
STREET ADDRESS	112 DUNHAM POND ROAD	
CITY-ST-ZIP	STORRS CT 06268	
TITLE	DV	☐ DELETE
NAME	ROBBINS, KEITH D	
STREET ADDRESS	7 GRANT ESTATE DR.	
CITY-ST-ZIP	WEST SIMSBURY CT 06092	
TITLE	D	☐ DELETE
NAME	YOUNG, DONA D	
STREET ADDRESS	89 WOODFORD HILLS DR.	
CITY-ST-ZIP	AVON CT 06001	
TITLE	P	☐ DELETE
NAME	PAYDOS, CHARLES J	
STREET ADDRESS	140 BALBRAE DR.	
CITY-ST-ZIP	BLOOMFIELD CT 06002	
TITLE	T	☐ DELETE
NAME	SEAFOSS, DAVID W	
STREET ADDRESS	3 STRATFORS ROAD	
CITY-ST-ZIP	FARMINGTON CT 06032	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	FIONDELLA, ROBERT W.	
1.3 STREET ADDRESS	29 SUMMERBERRY CIRCLE	
1.4 CITY-ST-ZIP	BRISTOL, CT 06010	
2.1 TITLE	SECRETARY	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	EXEC. VICE-PRES.	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	EXEC. VICE-PRES.	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☒ Change ☐ Addition
5.2 NAME	SEAFOSS, DAVID W.	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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. Seafoss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE (860) 403-5388
Daytime Phone #