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Mar 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 06115-2521

3. Date Incorporated or Qualified  
09/26/1994

3a. Date of Last Report  
06/21/1996

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

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 of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME  
P FIONDELLA, ROBERT W  
29 SUMMERBERRY CIRCLE  
BRISTOL CT

12.2 NAME  
S ROBBINS, KEITH D  
7 GRANT ESTATE DR.  
WEST SIMSBURY CT

12.3 NAME  
EVP YOUNG, DONA D  
89 WOODFORD HILLS DR.  
AVON CT

12.4 NAME  
EVP PAYDOS, CHARLES J  
140 BALBRAE DR.  
BLOOMFIELD CT

12.5 NAME  
T SEARFOSS, DAVID W  
3 STRATFORD ROAD  
FARMINGTON CT

12.6 NAME  
DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE  
13.2 NAME  
13.3 STREET ADDRESS  
13.4 CITY - ST - ZIP

13.5 TITLE  
13.6 NAME  
13.7 STREET ADDRESS  
13.8 CITY - ST - ZIP

13.9 TITLE  
13.10 NAME  
13.11 STREET ADDRESS  
13.12 CITY - ST - ZIP

13.13 TITLE  
13.14 NAME  
13.15 STREET ADDRESS  
13.16 CITY - ST - ZIP

13.17 TITLE  
13.18 NAME  
13.19 STREET ADDRESS  
13.20 CITY - ST - ZIP

13.21 TITLE  
13.22 NAME  
13.23 STREET ADDRESS  
13.24 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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 607, 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. Searfoss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/97 (860) 403-5947

Date

Daytime Phone

0001805

CR2E034 (9/96)