

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/26/1994	
21	22	23	24	25	26
Suite, Apt #, etc	City & State	Zip	Country	Suite, Apt #, etc	City & State
27	28	29	30	31	32
Applied For	5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	8. Additional Fee Required	9. May Be Added to Fees
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8.75	\$5.00

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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIONDELLA, ROBERT W	1.2 NAME	
STREET ADDRESS	29 SUMMERBERRY CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL CT	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBINS, KEITH D	2.2 NAME	Secretary Engberg, Nancy J
STREET ADDRESS	7 GRANT ESTATE DR.	2.3 STREET ADDRESS	159 Ferry Road
CITY-ST-ZIP	WEST SIMSBURY CT	2.4 CITY-ST-ZIP	Hadlyme, Conn. 06439
TITLE	EVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, DONA D	3.2 NAME	
STREET ADDRESS	89 WOODFORD HILLS DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	AVON CT	3.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYDOS, CHARLES J	4.2 NAME	
STREET ADDRESS	140 BALBRAE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD CT	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEARFOSS, DAVID W	5.2 NAME	
STREET ADDRESS	3 STRATFORD RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON CT	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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 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* 3/17/98 (860)403-5947

CR2E034 (10/97)