

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90175 005 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F94000004980**

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

3. Date Incorporated or Qualified
09/26/1994

4. FEI Number
06-1045829

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21
 Suite, Apt. #, etc.
 22
 City & State
 23
 Zip Country
 24

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

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 _____ (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 type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGBERG, NANCY J	2.2 NAME	
STREET ADDRESS	159 FERRY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HADLYME CT 06439	2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> DELETE	4.1 TITLE	Assistant Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYDOS, CHARLES J	4.2 NAME	Nolan, James J.
STREET ADDRESS	140 BALBRAE DR.	4.3 STREET ADDRESS	13 Muriel Drive
CITY-ST-ZIP	BLOOMFIELD CT	4.4 CITY-ST-ZIP	Granby, Conn.
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	Executive Vice President/CFO <input checked="" 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	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Cummings, Raymond E
STREET ADDRESS		6.3 STREET ADDRESS	Thayer Road
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Higganum, Conn.

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 as an attachment with an address, with all other like empowered.

SIGNATURE: _____ **Nancy J. Engberg** 2/3/99 (860) 403-5973
 SIGNATURE OF AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)