

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004980

1. Entity Name

PHL VARIABLE INSURANCE COMPANY

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90117 022 ***150.00

Principal Place of Business

Mailing Address

ONE AMERICAN ROW
HARTFORD CT 06115

ONE AMERICAN ROW
HARTFORD CT 06115-2521

00000079



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **06-1045829**

Applied For
Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	FIONDELLA, ROBERT W	29 SUMMERBERRY CIRCLE	BRISTOL CT	<input type="checkbox"/>
S	ENGBERG, NANCY J	159 FERRY RD	HADLYME CT 06439	<input checked="" type="checkbox"/>
EVP	YOUNG, DONA D	89 WOODFORD HILLS DR.	AVON CT	<input type="checkbox"/>
AT	NOLAN, JAMES J	13 MURIEL DRIVE	GRANDBY CT	<input type="checkbox"/>
VCFO	SEARFOSS, DAVID W	3 STRATFORD RD	FARMINGTON CT	<input type="checkbox"/>
T	CUMMINGS, RAYMOND E	THAYER ROAD	HIGGANUM CT	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Secretary	John H. Beers	15 Fernwood Road	West Hartford, CT 06119	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James J. Nolan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #