

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90213 008 \*\*\*150.00

**DOCUMENT # F94000004980**

**\*1. Entity Name**  
**PHL VARIABLE INSURANCE COMPANY**



**Principal Place of Business**  
**ONE AMERICAN ROW**  
**HARTFORD CT 06115**

**Mailing Address**  
**ONE AMERICAN ROW**  
**HARTFORD CT 06115**

**2. Principal Place of Business**

**3. Mailing Address**

**40 John H. Beers**

**Suite, Apt. #, etc.**

**One American Row**

**City & State**

**Hartford CT**

**Zip**

**06102-5056**

**Country**

**USA**



☒ **CHECK HERE IF MAKING CHANGES**

**4. FEI Number** **06-1045829**

**Applied For**

**Not Applicable**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ **Delete**  
**NAME** **TAN, SIMON Y**  
**STREET ADDRESS** **138 BALFOUR DR**  
**CITY-ST-ZIP** **W HARTFORD CT 06107**

**TITLE** **President/Director** ☒ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS** **One American Row**  
**CITY-ST-ZIP** **Hartford, CT 06102-5056**

**TITLE** **VPS** ☐ **Delete**  
**NAME** **BEERS, JOHN H**  
**STREET ADDRESS** **15 FERN WOOD RD**  
**CITY-ST-ZIP** **W HARTFORD CT 06119**

**TITLE** ☒ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS** **One American Row**  
**CITY-ST-ZIP** **Hartford, CT 06102-5056**

**TITLE** **EVP** ☒ **Delete**  
**NAME** **YOUNG, DONA D**  
**STREET ADDRESS** **64 WATERSIDE LANE**  
**CITY-ST-ZIP** **W HARTFORD CT 06107**

**TITLE** **EVP/CFO** ☐ **Change** ☒ **Addition**  
**NAME** **Coleman D. Ross**  
**STREET ADDRESS** **One American Row**  
**CITY-ST-ZIP** **Hartford, CT 06102-5056**

**TITLE** **AT** ☐ **Delete**  
**NAME** **NOLAN, JAMES J**  
**STREET ADDRESS** **13 MURIEL DRIVE**  
**CITY-ST-ZIP** **GRANBY CT**

**TITLE** ☒ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS** **One American Row**  
**CITY-ST-ZIP** **Hartford, CT 06102-5056**

**TITLE** **VCFO** ☒ **Delete**  
**NAME** **SEARFÖSS, DAVID W**  
**STREET ADDRESS** **3 STRATFORD RD**  
**CITY-ST-ZIP** **FARMINGTON CT**

**TITLE** **AS** ☐ **Change** ☐ **Addition**  
**NAME** **Richard J. Wirth**  
**STREET ADDRESS** **One American Row**  
**CITY-ST-ZIP** **Hartford, CT 06102-5056**

**TITLE** **T** ☒ **Delete**  
**NAME** **CUMMINGS, RAYMOND E**  
**STREET ADDRESS** **THAYER ROAD**  
**CITY-ST-ZIP** **HIGGANUM CT**

**TITLE** **2nd VP/IT** ☐ **Change** ☒ **Addition**  
**NAME** **Katherine P. Cady**  
**STREET ADDRESS** **56 Prospect Street**  
**CITY-ST-ZIP** **Hartford, CT 06115**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

**John H. Beers**

**01-16-03**

**(860) 403-5050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)