

1.) CORPORATION NAME:

**PHL VARIABLE INSURANCE COMPANY**

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F0416018**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CT**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE AMERICAN ROW  
CITY/ST/ZIP: HARTFORD, CT 06102

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JAMES D. WEHR TITLE: PRESIDENT ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN H BEERS TITLE: VP & SECRETARY ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: THOMAS M. BUCKINGHAM TITLE: EXECUTIVE VP ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BENITO J CUEVO, JR TITLE: VICE PRESIDENT ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BYRON B. FRANK TITLE: VICE PRESIDENT ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROBERT J. LOMBARDI TITLE: SENIOR VP ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHLEEN A. MCGAH VP & ASST SECY ONE AMERICAN ROW HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD J. NOVAK SECOND VP ONE AMERICAN ROW HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GINA C. O'CONNELL SENIOR VP ONE AMERICAN ROW HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANA PEDERSEN SECOND VP ONE AMERICAN ROW HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID R. PELLERIN SENIOR VP ONE AMERICAN ROW HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BONNIE J MALLEY EVP/CFO/T ONE AMERICAN ROW HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ABBEY N. MCDERMOTT DIR-TAX & AT ONE AMERICAN ROW HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER M WILKOS EVP & CIO ONE AMERICAN ROW HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN L. GUAZZELLI 2VP & ASST TREA ONE AMERICAN ROW HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT P. MALLICK 2VP & CCO ONE AMERICAN ROW HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS C. MILLER SVP & CAO ONE AMERICAN ROW HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: JOHN T. MULRAIN TITLE: EVP & ASST SECY ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ALETHA PRANKUS TITLE: DIR, TREA OPS ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: NEAL R. REGELS TITLE: DIRECTOR ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: EDWARD W. CASSIDY TITLE: DIRECTOR ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SUSAN A ZOPHY TITLE: ASST VP ADDRESS: 15 TECH VALLEY DRIVE CITY/ST/ZIP/CO: SUITE 201 EAST GREENBUSH, NY 12061	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER A. MACKLEM TITLE: ILLUSTR ACTUARY ADDRESS: ONE AMERICAN ROW CITY/ST/ZIP/CO: HARTFORD, CT 06102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ JOHN H BEERS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN H BEERS, VP & SECRETARY PRINTED NAME AND CORPORATE TITLE	9/16/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		