Nassau Life and Annuity Company (the Company)
Nassau Life Insurance Company (the Company)
PHL Variable Insurance Company (the Company)
Nassau Life and Annuity Insurance Company (the Company)
One American Row
PO Box 5056
Hartford CT 06102-5056

1-800-541-0171

Required State Notices

General Notice – You have the right to designate at least one person to receive notice of the potential lapse or cancellation of your life insurance policy based on nonpayment of premium. You may add, change or remove that designation at any time while the policy is inforce by contacting the Company in writing.

California – You have the right to designate at least one person to receive notice of lapse or termination of your policy for nonpayment of premium. You also have the right to change the person that you designate or add an additional person(s) to receive such notice.

Idaho – You have the right to designate at least one person to receive notice of lapse or termination of your policy for nonpayment of premium. You also have the right to change the person that you designate, or update their contact information at any time.

New Hampshire – Life Insurer Disclosure to Policyholders.

The New Hampshire Insurance Department requires that each individual life insurance policyholder residing in New Hampshire receive this notice. Any of the following actions related to your life insurance policy may have significant future financial, tax, or other implications:

a. Surrender of the policy;

b. Lapse of the policy;

c. Failure to pay premium;

d. Application of the equity of the policy toward payment of premium;

e. Application of accumulated dividends toward payment of premium;

f. Financing premium payments;

g. Sale of the policy; and

h. Assignment of the policy or any right under the policy.

Before you act, you need to consider all options carefully and seek advice from a licensed financial advisor, attorney or other professional who can explain all available options and consequences.

New Mexico – Notice of Confidential Abuse Information (13 NMAC 7.5).

This notice is to inform all life insurance applicants/policyowners in New Mexico of their rights under New Mexico's Confidential Abuse Information Regulation. During the underwriting process information may be received from sources other than you. Information gathered may include, without limitation, personal interviews, medical doctor records, and financial information. We may hire outside sources to obtain information about you. The outside organizations may retain a copy of the information; however, this information may not be shared with any person or organization without your written consent. We may receive confidential abuse information and if we do, we are prohibited by law from using any confidential abuse information, from any source, as a basis for denying, refusing to issue, renew, or reissue an existing policy. The law also prohibits us from canceling or terminating a policy based on confidential abuse information. We cannot restrict policy benefits or coverage or charge a higher premium based on information regarding domestic violence. By law, we are not allowed to disclose domestic abuse findings except to the following entities: you, a licensed physician designated by you, a health care provider for the direct provision of health care services, as ordered by the superintendent of Insurance or a court of law, a reinsurer if we cannot reasonably separate the domestic abuse information in the file, a party who proposed or has purchased our business, our medical or claims personnel but only when necessary to process an application or claim or to protect the safety and privacy of a victim of domestic abuse, an attorney who

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represents us provided the attorney exercises due diligence to protect the confidential abuse information, the owner when the policy is delivered if it contains the confidential information, or any other entities ordered by the Superintendent of Insurance. With respect to your address and phone number we may disclose them to entities with which we transact business if the business cannot be transacted without this information. Under the regulation a "protected person" is defined as:

1. A victim of domestic abuse who has notified an insurer that he or she has been a victim of domestic abuse and is a present policy owner, a proposed policy owner, a present applicant, a present or proposed insured, a claimant, or has coverage under a life insurance policy that has been issued by our company.
2. An individual or entity that provides shelter advocacy, counseling or protection to victims of domestic abuse. If you wish to be a "protected person" you must notify us in writing. As a protected person you may submit a written request for access to confidential abuse information discovered during the underwriting of your policy. You may also submit a written request to correct, amend, or delete a portion of the confidential abuse information. In addition, upon request, we will establish and maintain the confidentiality of location information of the protected person. Location information includes address, phone number, place of employment, school, or other known location. We have 30 days to respond to your request.

If you wish to become a "protected person", request confidential information, correct amend or delete a portion of the confidential abuse information, or request us to maintain the confidentiality of location information, please notify us in writing at the following address:

Client Relations/PP
Nassau
PO Box 22012
Albany NY 12201-2012

When you write to us at the above address, please include the following information along with your written instructions:

1. Provide detailed instructions of your request
2. Print the Insured's Name
3. Insured's Signature and date signed
4. Date of Birth
5. Policy Number
6. Print Policyowner's Name
7. Policyowner's Signature and date signed

NOTICE TO NEW JERSEY INSUREDS AGED 62 YEARS AND OLDER – You have the right to designate at least one person to receive notice of the potential lapse or cancellation of your life insurance policy. The designation must be made in writing and contain the name and address of the designated party. New Jersey law requires that the designation be delivered to the Company via certified mail, return receipt requested, and contain the written acceptance of the designated party to receive notices of potential lapse or cancellation. You may add, change or remove this designation at any time by providing the Company with written notice. The designated party may terminate their status as designee by providing written notice to both you and the Company.

NOTICE TO VERMONT RESIDENTS ONLY – A person insured under a life insurance policy that is 64 years of age or older has the right to designate a secondary addressee to receive duplicate notices concerning the policy. This designation must be in writing, and must include the secondary addressee's name and address. You may make this designation at any time the policy is in force by submitting such written notice to the insurer.

Rhode Island – If you are considering making a change in the status of your policy you should consult a licensed insurance agent or financial advisor. Important information related to policy options, including information about an accelerated death benefit, nursing home benefit, critical illness benefit, and additional benefits may be found on the Rhode Island Department of Business Regulation website.

Wisconsin – If you, as the policyholder, are considering making changes in the status of a policy, you should consult with a licensed insurance agent or financial advisor to find an alternative best suited to your needs. Additional information is available from the office of the commissioner of insurance at its website address: http://oci.wi.gov/oci_home.htm or by telephone at 1-800-236-8517.