

SERFF Tracking Number: TPCI-125896639 State: Arkansas
 Filing Company: PHL Variable Insurance Company State Tracking Number: 40859
 Company Tracking Number: T608
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: 1 Year Non-Convertible Term
 Project Name/Number: /

Filing at a Glance

Company: PHL Variable Insurance Company
 Product Name: 1 Year Non-Convertible Term
 TOI: L04I Individual Life - Term
 Sub-TOI: L04I.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Filing Type: Form

SERFF Tr Num: TPCI-125896639 State: ArkansasLH
 SERFF Status: Closed State Tr Num: 40859
 Co Tr Num: T608 State Status: Filed-Closed
 Co Status: Reviewer(s): Linda Bird
 Authors: Peter Scavongelli, Scott Disposition Date: 11/19/2008
 Zweig, Joseph Bonfitto, Marilyn
 Dolan, Elizabeth Wheeler, Barbara
 Slater, James Bronsdon, Kathleen
 Underwood, Jean Bulger
 Date Submitted: 11/14/2008 Disposition Status: Accepted For
 Informational Purposes
 Implementation Date:

Implementation Date Requested: 12/20/2008
 State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Not Filed
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Informational Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Group Market Size:
 Overall Rate Impact: Group Market Type:
 Filing Status Changed: 11/19/2008 Deemer Date:
 State Status Changed: 11/19/2008
 Corresponding Filing Tracking Number:
 Filing Description:
 Please see cover letter

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 Product Name: 1 Year Non-Convertible Term
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Company and Contact

Filing Contact Information

James Bronsdon, Assistant Vice President james.bronsdon@phoenixwm.com
 One American Row (860) 403-6111 [Phone]
 Hartford, CT 06102 (860) 403-7252[FAX]

Filing Company Information

PHL Variable Insurance Company CoCode: 93548 State of Domicile: Connecticut
 One American Row Group Code: 403 Company Type: Life Insurance and Annuities
 Hartford, CT 06102 Group Name: State ID Number:
 (860) 403-5000 ext. [Phone] FEIN Number: 06-1045829

Filing Fees

Fee Required? Yes
 Fee Amount: \$10.00
 Retaliatory? No
 Fee Explanation: Info Filing - \$10.00
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--------------------------------|---------|----------------|---------------|
| PHL Variable Insurance Company | \$10.00 | 11/14/2008 | 23930766 |

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Product Name: 1 Year Non-Convertible Term
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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|---|------------|------------|----------------|
| Accepted For Informational Purposes | Linda Bird | 11/19/2008 | 11/19/2008 |

SERFF Tracking Number: TPCI-125896639 State: Arkansas
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Fixed/Indeterminate Premium
Product Name: 1 Year Non-Convertible Term
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Disposition

Disposition Date: 11/19/2008

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *TPCI-125896639* *State:* *Arkansas*
Filing Company: *PHL Variable Insurance Company* *State Tracking Number:* *40859*
Company Tracking Number: *T608*
TOI: *L04I Individual Life - Term* *Sub-TOI:* *L04I.103 Renewable - Single Life -*
Fixed/Indeterminate Premium

Product Name: *1 Year Non-Convertible Term*
Project Name/Number: */*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TPCI-125896639

State: Arkansas

Filing Company: PHL Variable Insurance Company

State Tracking Number: 40859

Company Tracking Number: T608

TOI: L04I Individual Life - Term

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: 1 Year Non-Convertible Term

Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: Application

11/11/2008

Comments:

Attachment:

OL537 Application.pdf

Review Status:

Satisfied -Name: Policy Forms

11/11/2008

Comments:

Attached are the policy forms affected by the change to the Table 2001.

Attachments:

T608 AR policy-1-27-00.pdf

T610 AR policy-1-28-00.pdf

Review Status:

Satisfied -Name: Cover Letter

11/14/2008

Comments:

Attachment:

AR - Cover Letter 2001 CSO PHLVIC.pdf



Attached is the form you requested. In order for your request to be processed in a timely manner, the **sections referenced below must be completed on the accompanying form.**

| | |
|--------------|--|
| Section A | Indicate whether this is a request for Split-Dollar documents or for Split-Dollar servicing. |
|--------------|--|

| | |
|--------------|--|
| Section B | Basic policy information - required |
|--------------|--|

| | |
|--------------|--|
| Section C | Split-Dollar plan design - required |
|--------------|--|

| | |
|--------------|--|
| Section D | <p><i>Complete this section only if requesting Split-Dollar forms. Signature requirements are based on the owner designation of the policy/contract. Examples are:</i></p> <ul style="list-style-type: none"> • Individual: Print and sign your full name as it appears on the policy/contract. • Multiple Owners: All partners must sign (unless a form authorizing one partner to sign is on file with us). • Corporation: Titled officer must sign. The officer's title must also be indicated. <i>NOTE: In general, the insured/annuitant should not sign as officer. We ask that an additional titled officer sign if the signing officer is effecting a change for his or her personal benefit.</i> • Trust: The current trustee(s) must sign. <p style="text-align: center;"><i>All forms must be dated in order to process your request.</i></p> |
|--------------|--|

| | | | | | | | |
|---|---|---|--------------|------------|---|---|---|
| Contact Information | <table style="width: 100%;"> <tr> <td style="width: 33%;">Delivery</td> <td style="width: 33%;">Phone</td> <td style="width: 33%;">FAX</td> </tr> <tr> <td> <ul style="list-style-type: none"> • <i>U. S. Mail:</i> PO Box 8027 Boston MA 02266 • <i>Shipping:</i> 30 Dan Road, Suite 8027 Canton MA 02021-2809 </td> <td> <ul style="list-style-type: none"> • (800) 628-1936 (Traditional Life) • (800) 541-0171 (Variable Life) </td> <td> <ul style="list-style-type: none"> • (816) 502-4920 (Traditional Life) • (816) 221-7036 (Variable Life) </td> </tr> </table> | Delivery | Phone | FAX | <ul style="list-style-type: none"> • <i>U. S. Mail:</i> PO Box 8027 Boston MA 02266 • <i>Shipping:</i> 30 Dan Road, Suite 8027 Canton MA 02021-2809 | <ul style="list-style-type: none"> • (800) 628-1936 (Traditional Life) • (800) 541-0171 (Variable Life) | <ul style="list-style-type: none"> • (816) 502-4920 (Traditional Life) • (816) 221-7036 (Variable Life) |
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NOTE: If submitting this form with an application for a **new policy**, send all paperwork (including a copy of the illustration) **directly to New Business.**

A. This form is for all Split-Dollar administration services offered by Phoenix. These include: 1) The preparation of collateral assignment or endorsements required with Split-Dollar agreements and 2) Reporting the annual economic benefit cost associated with Split-Dollar. **For new policies a copy of the illustration must be included.**

- Request for Split-Dollar Documents (Complete all Parts)
- Request for Split-Dollar Servicing (Complete Parts I and II) Beginning for Tax year _____

Requester Name and Phone Number _____

B. Basic Information (Required)

For **New Policies** include Policy Application Number **or** for **Inforce/Existing Policies** include Policy Number:

| | | | |
|---|---------------|---|---------------|
| Name of First Insured | | Name of Second Insured | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth |
| Sponsor (usually employer/cash value owner) | | Was this policy the result of a 1035 Exchange <input type="checkbox"/> Yes <input type="checkbox"/> No | |

C. Split-Dollar Plan Design (Required)

Section 1 - Premium, Cash Value and Death Benefit Splits (Complete subsections a, b, c, d and e)

Note: Death Benefit Owner (DBO) is usually insured or designee of insured (e.g. Trust).

- a. Effective date of Split-Dollar agreement _____.
- b. **Premium Split (Select one):**
 - Employer-pay-all (Employer/Sponsor pays the entire premium due.)
 - Offset (Employee/DBO's contribution is the term cost using the lowest term rate. Sponsor/Employer pays the balance.)
 - Employee/DBO pays uniform annual amount of \$ _____ (Sponsor/Employer pays the balance.)
 - Other (See Section 2A for uncommon premium splits.)
- c. **Sponsor's Cash Value Interest (Select one):**
 - Equity (Cumulative premiums paid by the Sponsor)
 - Total cash value
 - Other (See Section 2B for uncommon cash value splits.)
- d. **Death Benefit Split (Select one):**
 - Sponsor/Employer receives amount equal to the Total Cash Value
 - Sponsor/Employer receives amount equal to cumulative premiums paid by the Sponsor/Employer
Check one if applicable: Not to exceed cash value Cash value if greater
 - Employee/DBO receives specified amount of: \$ _____
 - Other (See Section 2C for uncommon death benefit splits.)
- e. **Premium History** (except for NEW policies, please complete the appropriate section)
Cumulative premiums as of 12/31 of the year prior to the tax year requested (eg. 12/31/01 if request is for tax year 2002)
 - 1.) Check and complete for policies that do not contain Optionterm, 5th Dividend, Cost of Living or Other Term Riders **(Select one):**
 - Sponsor/Employer has paid all premiums
 - Sponsor/Employer has paid a total of \$ _____
 - Employee/DBO has paid a total of \$ _____
 - 2.) Check and complete for policies that contain Optionterm, 5th Dividend, Cost of Living or Other Term Riders
Sponsor/Employer has paid a total of \$ _____

Section 2 - Uncommon Arrangements (Complete Subsections a, b and c)

a - Uncommon Premium Splits (Complete if "Other" was selected in Section 1.a)

- Offset (Death Benefit Owner's contribution is equal to the term cost using following table _____ (eg. Gov't., PHL99, PHL97)
- Employer/Sponsor pays uniform annual amount of \$ _____ (Employer/DBO pays balance.)
- Specified % of the premium: ____ % Paid by (check one): Sponsor/Employer Death Benefit Owner/Employee
- Other* _____

b - Uncommon Cash Value Interest Splits (Complete if "Other" was selected in Section 1.b)

- Total Premiums paid by the Sponsor/Employer. Plus Cost of Money (Rate _____%)

Plus Bonus Amount (choose one):

- No Bonus
- Single Bonus-equal to DBO/Employee's outlay. DBO/Employee's assumed tax bracket _____%
- Double Bonus-equal to DBO/Employee's outlay plus gross-up amount. DBO/Employee's assumed tax bracket _____%

Recovery Amount (choose one if Single or Double Bonus is checked):

- Gross Bonus
- Net Bonus-calculate Sponsor/Employer's net cost of bonus. Sponsor/Employer's assumed tax bracket _____%
- Other* _____

For in-force plans include the following information if applicable: Cumulative Cost of Money: _____ Cumulative Bonus _____

c - Uncommon Death Benefit Splits (Complete if "Other" was selected in Section 1.c)

- Same as definition in Section 4. (Check one if applicable: Not to exceed cash value Cash value if greater)
- Sponsor/Employer receives specified amount \$ _____
- Sponsor/Employer receives specified percentage of death benefit: _____ %
- Other* _____

D. Complete only if requesting Split-Dollar forms

Method (must check one): Collateral Assignment Non-Majority Shareholder Endorsement
 Limited Collateral Assignment Controlling/Majority Shareholder[†]

| | |
|--|---|
| Sponsor/Employer's Address (Include No., Street and/or PO Box) | Sponsor/Employer's State of Incorporation |
| (City, State and ZIP Code) | Tax Identification Number |
| Name of Death Benefit Owner if different than Insured | Relationship to Insured |
| Address (Include No., Street and/or PO Box) | |
| (City, State and ZIP Code) | |
| If Death Benefit Owner is Trust give Name of Trustee(s) | Date of Trust Document |

Death Benefit Owner's Beneficiary(ies)

| | |
|---|-------------------------|
| Primary Beneficiary | Relationship to Insured |
| Address (Include No., Street and/or PO Box) | |
| (City, State and ZIP Code) | |
| Contingent Beneficiary | Relationship to Insured |
| Address (Include No., Street and/or PO Box) | |
| (City, State and ZIP Code) | |

* IMPORTANT NOTE: If "Other" is selected in the Alternate Split-Dollar Arrangement Sections, the policy may not be serviceable by Phoenix's Split-Dollar Servicing System. Attach additional instructions if necessary.

[†] The limited collateral assignment can be used where estate tax avoidance is desired if the insured is a controlling shareholder and the policy is to be owned by a third party. It is sometimes used for "Private Split-Dollar" arrangements as well. Consult Advanced Marketing for advice on the proper form.

| | |
|-----------------------|-----------------|
| Insured | JOHN A. PHOENIX |
| Age & Sex | 35 - MALE |
| Second Insured | MARY A. PHOENIX |
| Age & Sex | 35 - FEMALE |
| Policy Number | 2 900 013 |
| Face Amount | \$100,000 |
| Policy Date | AUGUST 1, 1998 |

Dear Policyowner:

We agree to pay the benefits of this policy in accordance with its provisions. It is important to Us that You are satisfied with Your policy and that it meets Your insurance goals. For service information on this policy, contact the agent who sold the policy, any of Our agency offices, Our Main Administrative Office or Our Customer Service Center.

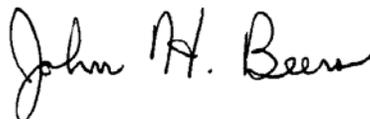
YOU HAVE A RIGHT TO RETURN THIS POLICY. If for any reason You are not satisfied with this policy, You may return it at any time within ten days after it is delivered to You. It may be returned to either the agent through whom it was purchased or to Us at Our Main Administrative Office or at the following address:

PHL Variable Insurance Company
Underwriting and Issue Division
P.O. Box 1900 - 100 Bright Meadow Boulevard
Enfield, CT 06083-1900

Telephone (860) 403-1000

If returned, the policy will be considered void from the beginning and any premium paid will be refunded to You.

Signed for PHL Variable Insurance Company at its Home Office, One American Row, Hartford, Connecticut 06115.



Secretary



Chief Executive Officer

Registrar

1 YEAR NON-CONVERTIBLE TERM

Insurance Payable at Death of Last Insured prior to Expiry Date
Premiums Payable for 1 Year
Renewable as Specified Herein

SCHEDULE PAGE

FIRST INSURED: JOHN A. PHOENIX
AGE & SEX: 35 - MALE
SECOND INSURED: MARY A. PHOENIX
AGE & SEX: 35 - FEMALE
POLICY NUMBER: 2 900 013
FACE AMOUNT: \$100,000
POLICY DATE: AUGUST 1, 1998

BENEFICIARY: AS STATED ON THE APPLICATION OR AS LATER CHANGED.

OWNER: JOHN A. PHOENIX, FIRST INSURED, WHILE LIVING, AND AFTER HIS DEATH, MARY A. PHOENIX, SECOND INSURED, WHILE LIVING

PREMIUM INFORMATION

| | ANNUAL PREMIUM | YEARS PAYABLE |
|--------------|----------------|---------------|
| Basic Policy | \$ 124.00 | 1 Year |

STANDARD PREMIUM CLASS

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POLICY SUMMARY

About This Summary

This summary briefly highlights some of the major policy provisions. Since this is a summary, only the detailed provisions of the policy will control. See those provisions for full information and any limits or restrictions that apply. To locate this policy's provisions, use the Table of Contents. Your policy is a legal contract between You and us. You should therefore **READ YOUR POLICY CAREFULLY**.

Check the Schedule Page of this policy to make sure it reflects the type and amount of insurance requested. Please call on Your agent or Us at any time You have questions about Your policy.

The Type of Policy

This is a one-year term life insurance policy renewable for a limited period. It provides certain benefits during the insureds' lifetimes and certain benefits at death.

Lifetime Benefits

The lifetime benefits include right to change the owner or beneficiary.

Death Benefits

We will pay a death benefit to the beneficiary if all insureds die while the policy is In Full Force.

Exclusions

Payment of benefits may be affected by other provisions in this policy. For example, see the provisions in Part 2 about suicide, contestability and misstatements of age or sex.

Premium Payments and Grace Periods

Premiums are due on the dates shown on the Schedule Page. If they are not paid when due or within the 31-day grace period allowed for each premium except the first, the policy will Lapse as of the due date of that premium. Even if Your policy Lapses, You will have the right to reinstate this policy, subject to the reinstatement requirements stated in Part 5.

Riders

This policy may contain riders which include added benefits or limitations.

PART 1: DEFINITIONS

| | |
|---------------------------|---|
| You (Your) | The owner of this policy. |
| We (Our, Us) | PHL Variable Insurance Company. |
| Date of Issue | The Policy Date as shown on the Schedule Page. |
| Policy Anniversary | The anniversary of the Date of Issue. |
| Renewal Date | Each Policy Anniversary occurring while this policy is In Full Force and before the Expiry Date specified on the Schedule Page. |
| Policy Year | The first Policy Year is the one-year period from the Date of Issue. Each succeeding Policy Year is the one-year period from one Policy Anniversary to the next Policy Anniversary. |
| Face Amount | The death benefit provided by the Basic Policy while it is In Full Force and without taking into account any riders that might exist. |
| In Full Force | This policy is "In Full Force" until the Expiry Date if all premiums are paid when due or within the 31-day grace period described in Part 4. |
| Lapse | The policy is no longer In Full Force and has no value. |
| Assigns | Any persons to whom You assign an interest in this policy if We have notice of the assignment in accordance with the provisions stated in Part 2. |
| Basic Policy | The policy as it exists, without any additional rider benefits. |

PART 2: ABOUT THIS POLICY

| | |
|---|---|
| The Effective Date | This policy will be In Full Force from the Date of Issue until 31 days after the date the second premium is due, provided the first premium due is paid while all the insureds are alive. |
| The Policy and Application | This policy and the written application, a copy of which is attached to and made a part of this policy, are the entire contract between You and Us. Any change in the provisions of this contract, to be in effect, must be signed by one of Our executive officers and countersigned by Our Registrar or one of Our executive officers. This policy is issued at Our Main Administrative Office in Enfield, Connecticut. Any benefit payable under this policy is payable at Our Main Administrative Office. |
| Limits on Our Right to Contest This Policy | <p>We rely on all statements made by or for any or all of the insureds in the written application. These statements are considered to be representations and not warranties. We can contest the validity of this policy, for any material misrepresentation of a fact. To do so, however, the misrepresentation must be contained in the written application and a copy of the application must be attached to this policy when it is issued.</p> <p>We cannot contest the validity of this policy, except for failure to pay premiums, after it has been in force during the lifetime of all of the insureds for two years from its Date of Issue.</p> |
| Exclusion if Death by Suicide | If within two years from the Date of Issue any insured dies by suicide, whether sane or insane, the amount We pay will be limited to the premiums paid. |
| Adjustment if Age or Sex Misstated | If the age or sex of any of the insureds has been misstated, any benefits payable will be limited to the amount that the premium paid would have purchased at the correct age and sex. These amounts will be based on Our published rates in effect on the Date of Issue. |
| Assignments | We will not be considered to have notice of any assignment of an interest in this policy until We receive the original or copy of the assignment at Our Main Administrative Office. In no event will We be responsible for its validity. |

PART 3: THE OWNER

Who Is the Owner

The owner is the person named as owner in the application, unless later changed as provided in this policy. The insured will be the owner if no other person is named as owner. If more than one person is named as owner, they must act jointly unless You and We agree otherwise.

What Are the Rights of the Owner

You control this policy during the insureds' lifetimes. Unless You and We agree otherwise, You may exercise all rights provided under this policy without the consent of anyone else. Your rights include the right to:

- a. Receive any amounts payable under this policy during the insureds' lifetimes.
- b. Change the owner or the interest of any owner.
- c. Change the premium payment frequency. See Part 4.
- d. Renew this policy for another one-year period. See Part 6.
- e. Change the beneficiary of the death benefit. See Part 7.
- f. Assign, release, or surrender any interest in this policy.
- g. Exercise any other rights provided under this policy.

You may exercise these rights only while the insureds are alive. Your exercise of any of these rights will, to the extent thereof, assign, release, or surrender the interest of the insured and all beneficiaries and owners under this policy.

How to Change the Owner

Your request to change the owner must be by written request, satisfactory to Us, and filed at Our Main Administrative Office.

PART 4: PREMIUMS

Premium Amount and Due Dates

The premium amount during the first Policy Year, due dates and the period for which premiums are to be paid are shown on the Schedule Page. For details about renewal premiums, see Part 6. All premiums are payable in advance at Our Main Administrative Office or to an authorized agent of ours. All insureds must be alive when the first premium is paid. If a premium is not paid when due or within the grace period described below, the policy will Lapse as provided in Part 5. A receipt for premium payments signed by one of Our executive officers is available.

Premiums may be paid on any frequency acceptable to Us. If You change the frequency of payments, the premium amount due on each new due date will change. These amounts will be based on Our periodic rates in effect on the Date of Issue. You cannot change to a premium frequency that would result in a premium of less than \$15.00.

31-Day Grace Period to Pay Premium Due

You will be allowed a grace period of 31 days after the premium due date in which to pay the premium. This grace period is not granted for the first premium. Your policy will remain In Full Force during the grace period.

PART 5: POLICY LAPSE AFTER 31-DAY GRACE PERIOD

What Causes Policy Lapse

If a premium is not paid when due or within the 31-day grace period, this policy will Lapse as of the due date of the unpaid premium. That due date is referred to as the "Date of Lapse". By Lapse We mean that the policy is no longer In Full Force and has no value.

How to Reinstate This Policy After Lapse

You may reinstate this policy back to an "In Full Force" status during the lifetime of the insureds and prior to the Expiry Date if no more than 5 years have passed since the Date of Lapse. To reinstate the policy:

- a. We must receive evidence of all insureds' insurability. The evidence must be satisfactory to Us.
- b. We must receive payment of all overdue payments with interest from their due dates to the date of reinstatement. The interest will be at a rate of 6% per year, compounded annually.

PART 6: LIFETIME BENEFITS

The Right to Renew This Policy

On each Renewal Date (see Part 1), this policy will be automatically renewed for another one-year period without evidence of insurability, provided:

- a. The policy has not Lapsed.
- b. We receive payment of the renewal premium for the then attained age of insured.

You will have 31 days after the Renewal Date in which to pay the renewal premium. This policy will remain In Full Force during that period. The renewal will be automatic if on the Renewal Date:

- a. This policy contains a Waiver of Premium for Disability Rider; and
- b. The insured is entitled to benefits under that rider.

Rider premiums for any rider included in this policy will be at Our published rates in effect on the Date of Issue of this policy for the age of the insured as shown on the Schedule Page.

PART 7: DEATH BENEFITS

How the Death Benefit Is Determined

Any death benefit that becomes payable under this policy will be paid in one sum, unless We have agreed with You to provide otherwise or the beneficiary elects another payment option as provided in Part 8. We will pay interest on any death benefit that becomes payable from the date of death to the date of payment.

The amount of interest will be the same as would be paid were the death benefit left for that period of time to earn interest under Payment Option 2.

If any death benefit that becomes payable under this policy is not paid within 30 days after our receipt of due proof of death of the insured the interest we pay on such death benefit will not be less than the rate of 8% per year for the period from the date of our receipt of proof to the date of payment.

If We receive due proof that all insureds died while this policy is In Full Force, We will pay a death benefit equal to the Face Amount of this policy:

PLUS: the part of any premium paid for the period beyond the date of death.

MINUS: the part of any due and unpaid premium needed to pay premiums to the date of death.

The Beneficiary

Unless You provide otherwise, any death benefit that becomes payable under this policy will be paid in equal shares to the beneficiaries living at the death of the insured. Payments will be made successively in the following order:

- a. Primary beneficiaries.
- b. Contingent beneficiaries, if any, provided no primary beneficiary is living at the death of the insured.
- c. You, or Your executor or administrator, provided no primary or contingent beneficiary is living at the death of the insured.

Unless otherwise stated, the relationship of a beneficiary is the relationship to the insured.

How to Change the Beneficiary

You may change the beneficiary by written notice signed by You during the lifetime of the insured and filed with Us at Our Main Administrative Office. When We receive it, the change will relate back and take effect as of the date it was signed by You. However, the change will be subject to any payments made or actions taken by Us before We received the notice at Our Main Administrative Office.

PART 8: PAYMENT OPTIONS

Who May Elect Payment Options

The proceeds of this policy will be paid in one sum unless otherwise provided. As an alternative to payment in one sum as provided under Option 1, the proceeds may be applied under one or more of the alternative income payment options described in this part.

However, Our consent is required for the election of an income payment option by a fiduciary or any entity other than a natural person. Our consent is also required for elections by any Assigns or an owner other than the insured if the owner has been changed.

You may elect any payment option for payment of the death benefit. You may also designate or change one or more beneficiaries who will be the payee or payees under that option. You may only do this during the lifetime of the insured. If no election is in effect when the death benefit becomes payable, the beneficiary may elect any payment option.

Unless We agree otherwise, all payments under any option chosen will be made to the designated payee or to his or her executor or administrator. We may require proof of age of any payee or payees on whose life payments depend as well as proof of the continued survival of any such payee(s).

How to Elect a Payment Option

The election of an income payment option must be in a written form satisfactory to Us. You can elect that the payments be made on an annual, semi-annual, quarterly or monthly basis provided that each installment will at least equal \$25. We also require that at least \$1,000 be applied under any option chosen.

What Payment Options

This section provides a brief description of the Various payment options that are

Are Available

available. In Part 9 You will find tables illustrating the guaranteed installment amount provided by several of the options described in this section. The amounts shown for Option 4 and Option 5 are the minimum monthly payments for each \$1,000 applied. The actual payments will be based on the monthly payment rates We are using when the first payment is due. They will not be less than shown in the tables.

Option 1 - Payment in one sum

Option 2 – Left to earn interest

We pay interest during the payee's lifetime on the amount left with Us under this option as a principal sum.

We guarantee that the interest rate will be at least 3% per year. Upon death of the payee, We will pay the balance held by Us along with any accrued and unpaid interest.

Option 3 – Payments for a specified period.

Equal income installments are paid for a specified period of years whether the payee lives or dies. The first payment will be on the date of settlement.

The Option 3 Table shows the guaranteed amount of each installment for monthly and annual payment frequencies. The table assumes an interest rate of 3% per year on the unpaid balance. The actual interest rate is guaranteed not to be less than this minimum rate.

Option 4 - Life annuity with specified period certain.

Equal installments are paid until the later of:

- a. the death of the payee;
- b. the end of the period certain.

The first payment will be on the date of settlement. The period certain must be chosen at the time this option is elected. The periods certain that may be chosen are as follows:

- a. ten years;
- b. twenty years;
- c. until the installments paid refund the amount applied under this option. If the payee is not living when the final payment falls due, that payment will be limited to the amount which needs to be added to the payments already made to equal the amount applied under this option.

If, for the age of the payee, a period certain is chosen that is shorter than another period certain paying the same installment amount, We will deem the longer period certain as having been elected.

Option 5 - Life annuity

Equal installments are paid only during the lifetime of the payee. The first payment will be on the date of settlement.

Option 6 - Payments of a specified amount

Equal installments of a specified amount, out of the principal sum and interest on that sum, are paid until the principal sum remaining is less than the amount of the installment. When that happens, the principal sum remaining with accrued interest will be paid as a final payment. The first payment will be on the date of settlement. The payments will include interest on the principal sum remaining at a rate guaranteed to at least equal 3% per year. This interest will be credited at the end of each year. If the amount of interest credited at the end of a year exceeds the income payments made in the last 12 months, that excess will be paid in one sum on the date credited.

Additional Interest

In addition to:

- a. the interest of 3% per year guaranteed on the principal sum remaining with Us under Options 2 or 6; and
- b. the interest of 3% per year included in the installments payable under Option 3

We will pay or credit at the end of each year such additional interest as We may declare.

PART 9: TABLE OF PAYMENT OPTION AMOUNTS

The installment amounts shown in the tables that follow are shown for each \$1,000 applied. Amounts for payment frequencies, periods or ages not shown will be furnished upon request. Under Options 4 and 5 the installment amount for Younger ages than shown will be the same as for the first age shown; and for older ages than shown; it will be the same amount as for the last age shown.

Adjusted Age

The term "age" as used in the tables refers to the adjusted age. Under Options 4 and 5 the adjusted age is defined as the age of the payee on the payee's birthday nearest the date of settlement.

Option 3 - Payments for a specified period

| No. of Years. | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 25 | 30 |
|------------------------|--------|--------|--------|--------|--------|--------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Annual Installment \$ | 211.99 | 179.22 | 155.83 | 138.31 | 124.69 | 113.82 | 104.93 | 97.54 | 91.29 | 85.95 | 81.33 | 77.29 | 73.74 | 70.59 | 67.78 | 65.26 | 55.76 | 49.53 |
| Monthly Installment \$ | 17.91 | 15.14 | 13.16 | 11.68 | 10.53 | 9.61 | 8.86 | 8.24 | 7.71 | 7.26 | 6.87 | 6.53 | 6.23 | 5.96 | 5.73 | 5.51 | 4.71 | 4.18 |

*Option 4 - Life annuity with specified period certain

| Age of Payee | Installment Refund | | 10 Years Certain | | 20 Years Certain | |
|--------------|--------------------|--------|------------------|--------|------------------|--------|
| | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE |
| 10 | \$3.08 | \$3.03 | \$3.08 | \$2.99 | \$3.00 | \$2.94 |
| 15 | 3.14 | 3.09 | 3.15 | 3.04 | 3.07 | 3.00 |
| 20 | 3.22 | 3.16 | 3.24 | 3.11 | 3.15 | 3.07 |
| 25 | 3.33 | 3.24 | 3.34 | 3.20 | 3.25 | 3.15 |
| 30 | 3.45 | 3.35 | 3.47 | 3.30 | 3.38 | 3.25 |
| 35 | 3.61 | 3.48 | 3.64 | 3.43 | 3.55 | 3.38 |
| 40 | 3.80 | 3.64 | 3.86 | 3.60 | 3.74 | 3.54 |
| 45 | 4.05 | 3.85 | 4.14 | 3.82 | 3.99 | 3.74 |
| 50 | 4.36 | 4.12 | 4.50 | 4.10 | 4.28 | 3.99 |
| 55 | 4.76 | 4.47 | 4.95 | 4.47 | 4.61 | 4.31 |
| 60 | 5.28 | 4.93 | 5.54 | 4.96 | 4.97 | 4.67 |
| 65 | 5.97 | 5.54 | 6.30 | 5.63 | 5.29 | 5.06 |
| 70 | 6.91 | 6.39 | 7.24 | 6.50 | 5.43 | 5.31 |
| 75 | 8.21 | 7.57 | 8.26 | 7.56 | 5.44 | 5.40 |
| 80 | 10.04 | 9.26 | 9.12 | 8.60 | 5.46 | 5.46 |
| 85 | 12.61 | 11.68 | 9.60 | 9.31 | 5.46 | 5.46 |

*Option 5 - Life annuity

| Age of Payee | MALE | FEMALE |
|--------------|--------|--------|
| 10 | \$3.17 | \$3.12 |
| 15 | 3.24 | 3.18 |
| 20 | 3.32 | 3.25 |
| 25 | 3.42 | 3.34 |
| 30 | 3.56 | 3.44 |
| 35 | 3.73 | 3.58 |
| 40 | 3.95 | 3.75 |
| 45 | 4.24 | 3.98 |

| Age of Payee | MALE | FEMALE |
|--------------|--------|--------|
| 50 | \$4.62 | \$4.28 |
| 55 | 5.12 | 4.68 |
| 60 | 5.79 | 5.24 |
| 65 | 6.75 | 6.04 |
| 70 | 8.15 | 7.22 |
| 75 | 10.26 | 9.03 |
| 80 | 13.54 | 11.88 |
| 85 | 18.72 | 16.54 |

*Minimum monthly income for each \$1,000 applied.

1 YEAR NON-CONVERTIBLE TERM

Insurance Payable at Death of Last Insured prior to Expiry Date
Premiums Payable for 1 Year
Renewable as Specified Herein



| | |
|-----------------------|-----------------|
| Insured | JOHN A. PHOENIX |
| Age & Sex | 35 - MALE |
| Second Insured | MARY A. PHOENIX |
| Age & Sex | 35 - FEMALE |
| Policy Number | 2 900 013 |
| Face Amount | \$100,000 |
| Policy Date | AUGUST 1, 1998 |

Dear Policyowner:

We agree to pay the benefits of this policy in accordance with its provisions. It is important to Us that You are satisfied with Your policy and that it meets Your insurance goals. For service information on this policy, contact the agent who sold the policy, any of Our agency offices, Our Main Administrative Office or Our Customer Service Center.

YOU HAVE A RIGHT TO RETURN THIS POLICY. If for any reason You are not satisfied with this policy, You may return it at any time within ten days after it is delivered to You. It may be returned to either the agent through whom it was purchased or to Us at Our Main Administrative Office or at the following address:

PHL Variable Insurance Company
Underwriting and Issue Division
P.O. Box 1900 - 100 Bright Meadow Boulevard
Enfield, CT 06083-1900

Telephone (860) 403-1000

If returned, the policy will be considered void from the beginning and any premium paid will be refunded to You.

Signed for PHL Variable Insurance Company at its Home Office, One American Row, Hartford, Connecticut 06115.

Secretary

Chief Executive Officer

Registrar

1 YEAR NON-CONVERTIBLE TERM

Insurance Payable at Death of Insured prior to Expiry Date
Premiums Payable for 1 Year
Renewable as Specified Herein

SCHEDULE PAGE

FIRST INSURED: JOHN A. PHOENIX
AGE & SEX: 35 - MALE
SECOND INSURED: MARY A. PHOENIX
AGE & SEX: 35 - FEMALE
POLICY NUMBER: 2 900 013
FACE AMOUNT: \$100,000
POLICY DATE: AUGUST 1, 1998

BENEFICIARY AND OWNER: AS STATED ON THE APPLICATION OR AS LATER CHANGED.

PREMIUM INFORMATION

| | ANNUAL PREMIUM | YEARS PAYABLE |
|--------------|----------------|---------------|
| Basic Policy | \$ 124.00 | 1 Year |

STANDARD PREMIUM CLASS

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POLICY SUMMARY

About This Summary

This summary briefly highlights some of the major policy provisions. Since this is a summary, only the detailed provisions of the policy will control. See those provisions for full information and any limits or restrictions that apply. To locate this policy's provisions, use the Table of Contents. Your policy is a legal contract between You and us. You should therefore **READ YOUR POLICY CAREFULLY**.

Check the Schedule Page of this policy to make sure it reflects the type and amount of insurance requested. Please call on Your agent or Us at any time You have questions about Your policy.

The Type of Policy

This is a one-year term life insurance policy renewable for a limited period. It provides certain benefits during the insured's lifetime and certain benefits at death.

Lifetime Benefits

The lifetime benefits include the right to change the owner or beneficiary.

Death Benefits

We will pay a death benefit to the beneficiary if the insured dies while the policy is In Full Force.

Exclusions

Payment of benefits may be affected by other provisions in this policy. For example, see the provisions in Part 2 about suicide, contestability and misstatements of age or sex.

Premium Payments and Grace Periods

Premiums are due on the dates shown on the Schedule Page. If they are not paid when due or within the 31-day grace period allowed for each premium except the first, the policy will Lapse as of the due date of that premium. Even if Your policy Lapses, You will have the right to reinstate this policy, subject to the reinstatement requirements stated in Part 5.

Riders

This policy may contain riders which include added benefits or limitations.

PART 1: DEFINITIONS

| | |
|---------------------------|---|
| You (Your) | The owner of this policy. |
| We (Our, Us) | PHL Variable Insurance Company. |
| Date of Issue | The Policy Date as shown on the Schedule Page. |
| Policy Anniversary | The anniversary of the Date of Issue. |
| Renewal Date | Each Policy Anniversary occurring while this policy is In Full Force and before the Expiry Date specified on the Schedule Page. |
| Policy Year | The first Policy Year is the one-year period from the Date of Issue. Each succeeding Policy Year is the one-year period from one Policy Anniversary to the next Policy Anniversary. |
| Face Amount | The death benefit provided by the Basic Policy while it is In Full Force and without taking into account any riders that might exist. |
| In Full Force | This policy is "In Full Force" until the Expiry Date if all premiums are paid when due or within the 31-day grace period described in Part 4. |
| Lapse | The policy is no longer In Full Force and has no value. |
| Assigns | Any persons to whom You assign an interest in this policy if We have notice of the assignment in accordance with the provisions stated in Part 2. |
| Basic Policy | The policy as it exists, without any additional rider benefits. |

PART 2: ABOUT THIS POLICY

| | |
|---|--|
| The Effective Date | This policy will be In Full Force from the Date of Issue provided the first premium due is paid while the insured is alive. |
| The Policy and Application | This policy and the written application, a copy of which is attached to and made a part of this policy, are the entire contract between You and Us. Any change in the provisions of this contract, to be in effect, must be signed by one of Our executive officers and countersigned by Our Registrar or one of Our executive officers. This policy is issued at Our Main Administrative Office in Enfield, Connecticut. Any benefit payable under this policy is payable at Our Main Administrative Office. |
| Limits on Our Right to Contest This Policy | <p>We rely on all statements made by or for the insured in the written application. These statements are considered to be representations and not warranties. We can contest the validity of this policy, for any material misrepresentation of a fact. To do so, however, the misrepresentation must be contained in the written application and a copy of the application must be attached to this policy when it is issued.</p> <p>We cannot contest the validity of this policy, except for failure to pay premiums, after it has been in force during the lifetime of the insured for two years from its Date of Issue.</p> |
| Exclusion if Death by Suicide | If within two years from the Date of Issue the insured dies by suicide, whether sane or insane, the amount We pay will be limited to the premiums paid. |
| Adjustment if Age or Sex Misstated | If the age or sex of the insured has been misstated, any benefits payable will be limited to the amount that the premium paid would have purchased at the correct age and sex. These amounts will be based on Our published rates in effect on the Date of Issue. |
| Assignments | We will not be considered to have notice of any assignment of an interest in this policy until We receive the original or copy of the assignment at Our Main Administrative Office. In no event will We be responsible for its validity. |

PART 3: THE OWNER

Who Is the Owner

The owner is the person named as owner in the application, unless later changed as provided in this policy. The insured will be the owner if no other person is named as owner. If more than one person is named as owner, they must act jointly unless You and We agree otherwise.

What Are the Rights of the Owner

You control this policy during the insured's lifetime. Unless You and We agree otherwise, You may exercise all rights provided under this policy without the consent of anyone else. Your rights include the right to:

- a. Receive any amounts payable under this policy during the insured's lifetime.
- b. Change the owner or the interest of any owner.
- c. Change the premium payment frequency. See Part 4.
- d. Renew this policy for another one-year period. See Part 6.
- e. Change the beneficiary of the death benefit. See Part 7.
- f. Assign, release, or surrender any interest in this policy.
- g. Exercise any other rights provided under this policy.

You may exercise these rights only while the insured is alive. Your exercise of any of these rights will, to the extent thereof, assign, release, or surrender the interest of the insured and all beneficiaries and owners under this policy.

How to Change the Owner

Your request to change the owner must be by written request, satisfactory to Us, and filed at Our Main Administrative Office.

PART 4: PREMIUMS

Premium Amount and Due Dates

The premium amount during the first Policy Year, due dates and the period for which premiums are to be paid are shown on the Schedule Page. For details about renewal premiums, see Part 6. All premiums are payable in advance at Our Main Administrative Office or to an authorized agent of ours. The insured must be alive when the first premium is paid. If a premium is not paid when due or within the grace period described below, the policy will Lapse as provided in Part 5. A receipt for premium payments signed by one of Our executive officers is available.

Premiums may be paid on any frequency acceptable to Us. If You change the frequency of payments, the premium amount due on each new due date will change. These amounts will be based on Our periodic rates in effect on the Date of Issue. You cannot change to a premium frequency that would result in a premium of less than \$15.00.

31-Day Grace Period to Pay Premium Due

You will be allowed a grace period of 31 days after the premium due date in which to pay the premium. This grace period is not granted for the first premium. Your policy will remain In Full Force during the grace period.

PART 5: POLICY LAPSE AFTER 31-DAY GRACE PERIOD

What Causes Policy Lapse

If a premium is not paid when due or within the 31-day grace period, this policy will Lapse as of the due date of the unpaid premium. That due date is referred to as the "Date of Lapse". By Lapse We mean that the policy is no longer In Full Force and has no value.

How to Reinstate This Policy After Lapse

You may reinstate this policy back to an "In Full Force" status during the lifetime of the insured and prior to the Expiry Date if no more than 5 years have passed since the Date of Lapse. To reinstate the policy:

- a. We must receive evidence of the insured's insurability. The evidence must be satisfactory to Us.
- b. We must receive payment of all overdue payments with interest from their due dates to the date of reinstatement. The interest will be at a rate of 6% per year, compounded annually.

PART 6: LIFETIME BENEFITS

The Right to Renew This Policy

On each Renewal Date (see Part 1), this policy will be automatically renewed for another one-year period without evidence of insurability, provided:

- a. The policy has not Lapsed.
- b. We receive payment of the renewal premium for the then attained age of insured.

You will have 31 days after the Renewal Date in which to pay the renewal premium. This policy will remain In Full Force during that period. The renewal will be automatic if on the Renewal Date:

- a. this policy contains a Waiver of Premium for Disability Rider; and
- b. the insured is entitled to benefits under that rider.

Rider premiums for any rider included in this policy will be at Our published rates in effect on the Date of Issue of this policy for the age of the insured as shown on the Schedule Page.

PART 7: DEATH BENEFITS

How the Death Benefit Is Determined

Any death benefit that becomes payable under this policy will be paid in one sum, unless We have agreed with You to provide otherwise or the beneficiary elects another payment option as provided in Part 8. We will pay interest on any death benefit that becomes payable from the date of death to the date of payment.

The amount of interest will be the same as would be paid were the death benefit left for that period of time to earn interest under Payment Option 2.

If any death benefit that becomes payable under this policy is not paid within 30 days after our receipt of due proof of death of the insured the interest we pay on such death benefit will not be less than the rate of 8% per year for the period from the date of our receipt of proof to the date of payment.

If We receive due proof that the insured died while this policy is In Full Force, We will pay a death benefit equal to the Face Amount of this policy:

PLUS: the part of any premium paid for the period beyond the date of death.

MINUS: the part of any due and unpaid premium needed to pay premiums to the date of death.

The Beneficiary

Unless You provide otherwise, any death benefit that becomes payable under this policy will be paid in equal shares to the beneficiaries living at the death of the insured. Payments will be made successively in the following order:

- a. Primary beneficiaries.
- b. Contingent beneficiaries, if any, provided no primary beneficiary is living at the death of the insured.
- c. You, or Your executor or administrator, provided no primary or contingent beneficiary is living at the death of the insured.

Unless otherwise stated, the relationship of a beneficiary is the relationship to the insured.

How to Change the Beneficiary

You may change the beneficiary by written notice signed by You during the lifetime of the insured and filed with Us at Our Main Administrative Office. When We receive it, the change will relate back and take effect as of the date it was signed by You. However, the change will be subject to any payments made or actions taken by Us before We received the notice at Our Main Administrative Office.

PART 8: PAYMENT OPTIONS

Who May Elect Payment Options

The proceeds of this policy will be paid in one sum unless otherwise provided. As an alternative to payment in one sum as provided under Option 1, the proceeds may be applied under one or more of the alternative income payment options described in this part.

However, Our consent is required for the election of an income payment option by a fiduciary or any entity other than a natural person. Our consent is also required for elections by any Assigns or an owner other than the insured if the owner has been changed.

You may elect any payment option for payment of the death benefit. You may also designate or change one or more beneficiaries who will be the payee or payees under that option. You may only do this during the lifetime of the insured. If no election is in effect when the death benefit becomes payable, the beneficiary may elect any payment option.

Unless We agree otherwise, all payments under any option chosen will be made to the designated payee or to his or her executor or administrator. We may require proof of age of any payee or payees on whose life payments depend as well as proof of the continued survival of any such payee(s).

How to Elect a Payment Option

The election of an income payment option must be in a written form satisfactory to Us. You can elect that the payments be made on an annual, semi-annual, quarterly or monthly basis provided that each installment will at least equal \$25. We also require that at least \$1,000 be applied under any option chosen.

What Payment Options Are Available

This section provides a brief description of the Various payment options that are available. In Part 9 You will find tables illustrating the guaranteed installment amount provided by several of the options described in this section. The amounts shown for Option 4 and Option 5 are the minimum monthly payments for each \$1,000 applied. The actual payments will be based on the monthly payment rates We are using when the first payment is due. They will not be less than shown in the tables.

Option 1 - Payment in one sum

Option 2 - Left to earn interest

We pay interest during the payee's lifetime on the amount left with Us under this option as a principal sum.

We guarantee that the interest rate will be at least 3% per year. Upon death of the payee, We will pay the balance held by Us along with any accrued and unpaid interest.

Option 3 - Payments for a specified period.

Equal income installments are paid for a specified period of years whether the payee lives or dies. The first payment will be on the date of settlement.

The Option 3 Table shows the guaranteed amount of each installment for monthly and annual payment frequencies. The table assumes an interest rate of 3% per year on the unpaid balance. The actual interest rate is guaranteed not to be less than this minimum rate.

Option 4 - Life annuity with specified period certain.

Equal installments are paid until the later of:

- a. the death of the payee;
- b. the end of the period certain.

The first payment will be on the date of settlement. The period certain must be chosen at the time this option is elected. The periods certain that may be chosen are as follows:

- a. ten years;
- b. twenty years;
- c. until the installments paid refund the amount applied under this option. If the payee is not living when the final payment falls due, that payment will be limited to the amount which needs to be added to the payments already made to equal the amount applied under this option.

If, for the age of the payee, a period certain is chosen that is shorter than another period certain paying the same installment amount, We will deem the longer period certain as having been elected.

Option 5 - Life annuity

Equal installments are paid only during the lifetime of the payee. The first payment will be on the date of settlement.

Option 6 - Payments of a specified amount

Equal installments of a specified amount, out of the principal sum and interest on that sum, are paid until the principal sum remaining is less than the amount of the installment. When that happens, the principal sum remaining with accrued interest will be paid as a final payment. The first payment will be on the date of settlement. The payments will include interest on the principal sum remaining at a rate guaranteed to at least equal 3% per year. This interest will be credited at the end of each year. If the amount of interest credited at the end of a year exceeds the income payments made in the last 12 months, that excess will be paid in one sum on the date credited.

Additional Interest

In addition to:

- a. the interest of 3% per year guaranteed on the principal sum remaining with Us under Options 2 or 6; and
- b. the interest of 3% per year included in the installments payable under Option 3

We will pay or credit at the end of each year such additional interest as We may declare.

PART 9: TABLE OF PAYMENT OPTION AMOUNTS

The installment amounts shown in the tables that follow are shown for each \$1,000 applied. Amounts for payment frequencies, periods or ages not shown will be furnished upon request. Under Options 4 and 5 the installment amount for Younger ages than shown will be the same as for the first age shown; and for older ages than shown; it will be the same amount as for the last age shown.

Adjusted Age

The term "age" as used in the tables refers to the adjusted age. Under Options 4 and 5 the adjusted age is defined as the age of the payee on the payee's birthday nearest the date of settlement.

Option 3 - Payments for a specified period

| No. of Years. | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 25 | 30 |
|------------------------|--------|--------|--------|--------|--------|--------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Annual Installment \$ | 211.99 | 179.22 | 155.83 | 138.31 | 124.69 | 113.82 | 104.93 | 97.54 | 91.29 | 85.95 | 81.33 | 77.29 | 73.74 | 70.59 | 67.78 | 65.26 | 55.76 | 49.53 |
| Monthly Installment \$ | 17.91 | 15.14 | 13.16 | 11.68 | 10.53 | 9.61 | 8.86 | 8.24 | 7.71 | 7.26 | 6.87 | 6.53 | 6.23 | 5.96 | 5.73 | 5.51 | 4.71 | 4.18 |

*Option 4 - Life annuity with specified period certain

| Age of Payee | Installment Refund | | 10 Years Certain | | 20 Years Certain | |
|--------------|--------------------|--------|------------------|--------|------------------|--------|
| | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE |
| 10 | \$3.08 | \$3.03 | \$3.08 | \$2.99 | \$3.00 | \$2.94 |
| 15 | 3.14 | 3.09 | 3.15 | 3.04 | 3.07 | 3.00 |
| 20 | 3.22 | 3.16 | 3.24 | 3.11 | 3.15 | 3.07 |
| 25 | 3.33 | 3.24 | 3.34 | 3.20 | 3.25 | 3.15 |
| 30 | 3.45 | 3.35 | 3.47 | 3.30 | 3.38 | 3.25 |
| 35 | 3.61 | 3.48 | 3.64 | 3.43 | 3.55 | 3.38 |
| 40 | 3.80 | 3.64 | 3.86 | 3.60 | 3.74 | 3.54 |
| 45 | 4.05 | 3.85 | 4.14 | 3.82 | 3.99 | 3.74 |
| 50 | 4.36 | 4.12 | 4.50 | 4.10 | 4.28 | 3.99 |
| 55 | 4.76 | 4.47 | 4.95 | 4.47 | 4.61 | 4.31 |
| 60 | 5.28 | 4.93 | 5.54 | 4.96 | 4.97 | 4.67 |
| 65 | 5.97 | 5.54 | 6.30 | 5.63 | 5.29 | 5.06 |
| 70 | 6.91 | 6.39 | 7.24 | 6.50 | 5.43 | 5.31 |
| 75 | 8.21 | 7.57 | 8.26 | 7.56 | 5.44 | 5.40 |
| 80 | 10.04 | 9.26 | 9.12 | 8.60 | 5.46 | 5.46 |
| 85 | 12.61 | 11.68 | 9.60 | 9.31 | 5.46 | 5.46 |

*Option 5 - Life annuity

| Age of Payee | MALE | FEMALE |
|--------------|--------|--------|
| 10 | \$3.17 | \$3.12 |
| 15 | 3.24 | 3.18 |
| 20 | 3.32 | 3.25 |
| 25 | 3.42 | 3.34 |
| 30 | 3.56 | 3.44 |
| 35 | 3.73 | 3.58 |
| 40 | 3.95 | 3.75 |
| 45 | 4.24 | 3.98 |

| Age of Payee | MALE | FEMALE |
|--------------|--------|--------|
| 50 | \$4.62 | \$4.28 |
| 55 | 5.12 | 4.68 |
| 60 | 5.79 | 5.24 |
| 65 | 6.75 | 6.04 |
| 70 | 8.15 | 7.22 |
| 75 | 10.26 | 9.03 |
| 80 | 13.54 | 11.88 |
| 85 | 18.72 | 16.54 |

*Minimum monthly income for each \$1,000 applied.

1 YEAR NON-CONVERTIBLE TERM

Insurance Payable at Death of Last Insured prior to Expiry Date
Premiums Payable for 1 Year
Renewable as Specified Herein



James Bronsdon – Assistant Vice President

Life & Annuity State Compliance Office
One American Row Hartford, CT 06102-5056
(860) 403-6111 Fax: (860) 403-5296
Toll Free: 1-800-349-9267 (press 2, then 3)
Email: James.Bronsdon@phoenixwm.com

November 13, 2008

Mr. Joe Musgrove
Department of Insurance
State of Arkansas
1200 West Third Street
Little Rock, Arkansas 72201

Re: **PHL Variable Insurance Company**
NAIC # 93548, FEIN # 06-1045829

**Informational Filing – 2001 CSO Mortality Table Change
Form T608 AR – 1 Year Non-Convertible Survivorship Term
Form T610 AR – 1 Year Non-Convertible Term**

Dear Mr. Musgrove:

We make this filing on an informational basis to notify the Department that we will begin using the 2001 CSO Mortality Table in the above noted previously approved forms effective on December 20, 2008, for new policies issued on that date and thereafter. No in-force policies will be affected by the change. The only change is to update the actuarial memoranda for the new basis of computation under the 2001 CSO Mortality Table. There are no changes to the policy forms.

Accordingly, enclosed please find revised actuarial memoranda that have been updated to reflect the use of the 2001 CSO Mortality Table.

The previous approval dates for the policies are as follows;

Form T608 AR - 2/17/2000
Form T610 AR - 2/17/2000

Please do not hesitate to contact me if you have any questions regarding this submission. Thank you for your attention to this matter.

Sincerely,



James F. Bronsdon