

SERFF Tracking Number:	PRTA-125800412	State:	Arkansas
Filing Company:	Protective Life Insurance Company	State Tracking Number:	40170
Company Tracking Number:	PAT IPV-2161		
TOI:	A03G Group Annuities - Deferred Variable	Sub-TOI:	A03G.002 Flexible Premium
Product Name:	PAT IPV-2161		
Project Name/Number:	PAT IPV-2161/PAT IPV-2161		

Filing at a Glance

Company: Protective Life Insurance Company

Product Name: PAT IPV-2161

SERFF Tr Num: PRTA-125800412 State: ArkansasLH

TOI: A03G Group Annuities - Deferred Variable SERFF Status: Closed

State Tr Num: 40170

Sub-TOI: A03G.002 Flexible Premium

Co Tr Num: PAT IPV-2161

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Pat Van Keulen

Disposition Date: 09/10/2008

Date Submitted: 09/04/2008

Disposition Status: Approved

Implementation Date Requested: 11/03/2008

Implementation Date:

State Filing Description:

General Information

Project Name: PAT IPV-2161

Status of Filing in Domicile: Pending

Project Number: PAT IPV-2161

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Trust

Filing Status Changed: 09/10/2008

State Status Changed: 09/10/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Form IPV-2161 Variable Annuity Application

Form IPV-2161FX Variable Annuity Application

The listed forms are submitted for filing acknowledgement or prior approval, as appropriate. The implementation date is November 3, 2008, or upon approval by your Department if later. These forms are new and will not replace any forms currently in use by the Company. They are being filed countrywide, and have been submitted to our domiciliary state of Tennessee. This filing does not contain any unusual or possibly controversial items that vary from normal company or industry standards.

SERFF Tracking Number: PRTA-125800412 State: Arkansas
 Filing Company: Protective Life Insurance Company State Tracking Number: 40170
 Company Tracking Number: PAT IPV-2161
 TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium
 Product Name: PAT IPV-2161
 Project Name/Number: PAT IPV-2161/PAT IPV-2161

Company and Contact

Filing Contact Information

Pat Van Keulen, Filing Analyst Pat.VanKeulen@protective.com
 1707 North Randall Road, Suite 310 (847) 930-7856 [Phone]
 Elgin, IL 60123 (847) 930-8280[FAX]

Filing Company Information

Protective Life Insurance Company CoCode: 68136 State of Domicile: Tennessee
 2801 Highway 280 Group Code: 458 Company Type:
 Birmingham, AL 35223 Group Name: State ID Number:
 (800) 866-3555 ext. [Phone] FEIN Number: 63-0169720

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 per filing.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Protective Life Insurance Company	\$50.00	09/04/2008	22286854

SERFF Tracking Number: PRTA-125800412 State: Arkansas
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Product Name: PAT IPV-2161
Project Name/Number: PAT IPV-2161/PAT IPV-2161

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	09/10/2008	09/10/2008

SERFF Tracking Number: *PRTA-125800412* *State:* *Arkansas*
Filing Company: *Protective Life Insurance Company* *State Tracking Number:* *40170*
Company Tracking Number: *PAT IPV-2161*
TOI: *A03G Group Annuities - Deferred Variable* *Sub-TOI:* *A03G.002 Flexible Premium*
Product Name: *PAT IPV-2161*
Project Name/Number: *PAT IPV-2161/PAT IPV-2161*

Disposition

Disposition Date: 09/10/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *PRTA-125800412* *State:* *Arkansas*
Filing Company: *Protective Life Insurance Company* *State Tracking Number:* *40170*
Company Tracking Number: *PAT IPV-2161*
TOI: *A03G Group Annuities - Deferred Variable* *Sub-TOI:* *A03G.002 Flexible Premium*
Product Name: *PAT IPV-2161*
Project Name/Number: *PAT IPV-2161/PAT IPV-2161*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Variable Annuity Application		Yes
Form	Variable Annuity Application		Yes

SERFF Tracking Number: *PRTA-125800412* *State:* *Arkansas*
Filing Company: *Protective Life Insurance Company* *State Tracking Number:* *40170*
Company Tracking Number: *PAT IPV-2161*
TOI: *A03G Group Annuities - Deferred Variable* *Sub-TOI:* *A03G.002 Flexible Premium*
Product Name: *PAT IPV-2161*
Project Name/Number: *PAT IPV-2161/PAT IPV-2161*

Form Schedule

Lead Form Number: IPV-2161

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	IPV-2161	Application/Variable Annuity Enrollment Application Form	Initial		0	IPV-2161 - FILINGr.pdf
	IPV-2161FX	Application/Variable Annuity Enrollment Application Form	Initial		0	IPV-2161FX FILINGr.pdf

CONTRACT # _____

IMPORTANT NOTICES

THIS IS A VARIABLE ANNUITY APPLICATION - CONTRACT BENEFITS ARE VARIABLE. THEY MAY INCREASE OR DECREASE, AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNT.

{ **RESIDENTS OF AZ:** We will provide you reasonable factual information about benefits and provisions of the contract within a reasonable time after we receive your written request. You may return the contract to us or the agent through whom it was purchased any time within 10 days of your receipt of the contract, or within 30 days if the contract is issued in replacement of an existing contract, or if you are 65 years of age or older on the date of application. We will promptly return the Contract Value. This may be more or less than the Purchase Payment(s).

RESIDENTS OF AR, DC, KY, LA, ME, NM, OH, PA and TN: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

RESIDENTS OF CALIFORNIA – AGE 65 AND OVER: There may be tax consequences, early withdrawal penalties, or other penalties if you sell or liquidate any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of an annuity product. You may wish to consult with an independent legal or financial advisor before selling or liquidating any assets and before buying an annuity product.

RESIDENTS OF CO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory agencies.

RESIDENTS OF FL: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURER, FILES A STATEMENT OF CLAIM OR APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

RESIDENTS OF MD: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

RESIDENTS OF NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

RESIDENTS OF OK: WARNING - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

RESIDENTS OF OR: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, files a statement of claim or provides false, incomplete or misleading information as part of the information provided to obtain coverage commits a fraudulent act, which is a crime, and may be subject to criminal and civil penalties.

RESIDENTS OF WA: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. }

APPLICATION INSTRUCTIONS

Mailing Address for Applications:

Overnight
Annuity New Business
2801 Hwy 280 South
Birmingham, AL 35223

U. S. Postal Mail
Annuity New Business
P. O. Box 10648
Birmingham, AL 35202-0648

Percentages: Always use whole (not fractional) percentages. Percentage totals must equal 100% per category (i.e. "Primary" and "Contingent" Beneficiaries; "Purchase Payment" and "DCA Allocation" instructions; etc.)

Partial Automatic Withdrawals: All surrenders from the Contract, including Partial Automatic Withdrawals must include your instructions regarding Federal Tax Withholding. Complete "*Federal Tax Withholding on Non-Periodic Annuity Payments*" form # LAD-1133. If not completed, Federal Tax Withholding at a rate of 10% will automatically apply.

VARIABLE ANNUITY APPLICATION

PROTECTIVE LIFE INSURANCE COMPANY

Home Office: Nashville, Tennessee

CONTRACT # _____

Select Product: { ___ Rewards II } { ___ Rewards Elite } { ___ Access XL }

Owner 1

Name: _____ Male Female
Address: _____ Birthdate: _____
City: _____ State: _____ Zip: _____ Tax ID: _____
Email Address: _____ Phone: _____

Owner 2

Name: _____ Male Female
Address: _____ Birthdate: _____
City: _____ State: _____ Zip: _____ Tax ID: _____
Email Address: _____ Phone: _____

Annuitant

Name: _____ Male Female
Address: _____ Birthdate: _____
City: _____ State: _____ Zip: _____ Tax ID: _____
Email Address: _____ Phone: _____

Beneficiary

Name	Type	Relationship	Percentage
_____	<input type="checkbox"/> P <input type="checkbox"/> C	_____	_____ %
_____	<input type="checkbox"/> P <input type="checkbox"/> C	_____	_____ %
_____	<input type="checkbox"/> P <input type="checkbox"/> C	_____	_____ %
_____	<input type="checkbox"/> P <input type="checkbox"/> C	_____	_____ %
_____	<input type="checkbox"/> P <input type="checkbox"/> C	_____	_____ %

Initial Purchase Payment: \$ _____
(minimums: { Rewards II - \$2,000 qualified, \$5,000 non-qualified; Rewards Elite & Access XL - \$25,000 })

Funding Source: Cash Non-Qualified 1035 Exchange Non-Insurance Exchange
 Transfer Direct Rollover Indirect Rollover

Plan Type: Non-Qual IRA Roth IRA Other: _____

Complete if an IRA and includes new contributions: \$ _____ (Amount) _____ (Tax Year)
\$ _____ (Amount) _____ (Tax Year)

Replacement:

Do you currently have an annuity contract or life insurance policy? Yes No
Will this annuity change or replace an existing annuity contract or life insurance policy? Yes No
(If yes, please provide the company name and contract or policy number below.)

Company 1 _____ Contract or Policy # _____
Company 2 _____ Contract or Policy # _____
Company 3 _____ Contract or Policy # _____

An annuity contract is not a deposit or obligation of, nor guaranteed by any bank or financial institution. It is not insured by the Federal Deposit Insurance Corporation or any other government agency, and is subject to investment risk, including the possible loss of principal.

CONTRACT BENEFITS ARE VARIABLE, MAY INCREASE OR DECREASE, AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNT.

VARIABLE ANNUITY APPLICATION

CONTRACT # _____

OPTIONAL BENEFITS AND FEATURES - Not Required. Select the options to be included in your Contract.

Optional Death Benefit: Not available if any Owner or Annuitant is age 76 or older.

___ { Maximum Anniversary Value with CoverPay® Fee } ___ { Maximum Anniversary Value with ValuPay® Fee }

{ SecurePay Withdrawal Benefit® } : You may purchase { SecurePay } now or use { RightTimesm } to purchase it prior to the oldest Owner's or Annuitant's 86th birthday. * { SecurePay R72 } is not available if an Owner or Annuitant is younger than age 55.

___ { SecurePay } ___ { SecurePay } with { GMAB }
___ * { SecurePayR72sm } ___ * { SecurePayR72sm } with { GMAB }

Automatic Purchase Plan: Not available if Partial Automatic Withdrawals are selected. Attach a voided check or deposit ticket.

Draft \$ ___ per ___ month or ___ quarter from my account on the ___ day (1st - 28th) of the month and apply to my Contract.

Partial Automatic Withdrawals: Not available if Automatic Purchase Plan is selected. Attach a voided check or deposit ticket and complete Federal Tax Withholding on Non-Periodic Annuity Payments form # LAD-1133. If not completed, Federal Tax Withholding at a rate of 10% will automatically apply.

Withdraw \$ _____ per ___ month or ___ quarter from the Contract on the ___ day (1st - 28th) of the month and deposit to my account.

SPECIAL REMARKS

SUITABILITY

Did you receive a current prospectus for this annuity? ___ Yes ___ No
Do you believe the annuity meets your financial needs and objectives? ___ Yes ___ No

SIGNATURES

I understand this application will be part of the annuity contract. The information I provide is true and correct to the best of my knowledge and belief. The company will treat my statements as representations and not warranties. The company may accept instructions from any Owner on behalf of all Owners.

Variable annuities involve risk, including the possible loss of principal. The Contract Value, annuity payments and termination values, when based upon the investment experience of the separate account, are variable and are not guaranteed as to any fixed dollar amount.

Application signed at: (City & State) _____ on (Date) _____.

Owner 1: _____ Owner 2: _____ Annuitant: _____

Federal law requires the following notice: We may request or obtain additional information to establish or verify your identity.

PRODUCER REPORT - This section must be completed and signed by the agent for the Contract to be issued.

To the best of your knowledge and belief...

Does the applicant have any existing annuity contract or life insurance policy? ___ Yes ___ No

Does this annuity change or replace an existing annuity contract or life insurance policy? ___ Yes ___ No

I have determined the suitability of this annuity to the applicant's financial situation and objectives by inquiring into the applicant's:

___ financial status ___ tax status ___ investment objectives ___ other relevant information.

Producer Remarks: _____

Type of unexpired government issued photo I.D. used to verify applicant's identity: _____ # _____

I certify that I have truly and accurately recorded on this application the information provided to me by the applicant.

Signature: _____ Print Name: _____

Producer # _____ Brokerage: _____

Florida License # (if applicable) _____ Phone # _____

CONTRACT # _____

IMPORTANT NOTICES

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{ **RESIDENTS OF AZ:** We will provide you reasonable factual information about benefits and provisions of the contract within a reasonable time after we receive your written request. You may return the contract to us or the agent through whom it was purchased any time within 10 days of your receipt of the contract, or within 30 days if the contract is issued in replacement of an existing contract, or if you are 65 years of age or older on the date of application. We will promptly return the Contract Value. This may be more or less than the Purchase Payment(s).

RESIDENTS OF AR, DC, KY, LA, ME, NM, OH, PA and TN: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

RESIDENTS OF CALIFORNIA – AGE 65 AND OVER: There may be tax consequences, early withdrawal penalties, or other penalties if you sell or liquidate any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of an annuity product. You may wish to consult with an independent legal or financial advisor before selling or liquidating any assets and before buying an annuity product.

RESIDENTS OF CO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory agencies.

RESIDENTS OF FL: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURER, FILES A STATEMENT OF CLAIM OR APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

RESIDENTS OF MD: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

RESIDENTS OF NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

RESIDENTS OF OK: WARNING - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

RESIDENTS OF OR: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, files a statement of claim or provides false, incomplete or misleading information as part of the information provided to obtain coverage commits a fraudulent act, which is a crime, and may be subject to criminal and civil penalties.

RESIDENTS OF WA: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. }

APPLICATION INSTRUCTIONS

Mailing Address for Applications:

Overnight
Annuity New Business
2801 Hwy 280 South
Birmingham, AL 35223

U. S. Postal Mail
Annuity New Business
P. O. Box 10648
Birmingham, AL 35202-0648

Percentages: Always use whole (not fractional) percentages. Percentage totals must equal 100% per category (i.e. "Primary" and "Contingent" Beneficiaries; "Purchase Payment" and "DCA Allocation" instructions; etc.)

Partial Automatic Withdrawals: All surrenders from the Contract, including Partial Automatic Withdrawals must include your instructions regarding Federal Tax Withholding. Complete "*Federal Tax Withholding on Non-Periodic Annuity Payments*" form # LAD-1133. If not completed, Federal Tax Withholding at a rate of 10% will automatically apply.

VARIABLE ANNUITY APPLICATION

PROTECTIVE LIFE INSURANCE COMPANY

Home Office: Nashville, Tennessee

CONTRACT # _____

Select Product: { ___ Rewards II } { ___ Rewards Elite } { ___ Access XL }

Owner 1

Name: _____ Male Female
Address: _____ Birthdate: _____
City: _____ State: _____ Zip: _____ Tax ID: _____
Email Address: _____ Phone: _____

Owner 2

Name: _____ Male Female
Address: _____ Birthdate: _____
City: _____ State: _____ Zip: _____ Tax ID: _____
Email Address: _____ Phone: _____

Annuitant

Name: _____ Male Female
Address: _____ Birthdate: _____
City: _____ State: _____ Zip: _____ Tax ID: _____
Email Address: _____ Phone: _____

Beneficiary

Name	Type	Relationship	Percentage
_____	<input type="checkbox"/> P <input type="checkbox"/> C	_____	_____ %
_____	<input type="checkbox"/> P <input type="checkbox"/> C	_____	_____ %
_____	<input type="checkbox"/> P <input type="checkbox"/> C	_____	_____ %
_____	<input type="checkbox"/> P <input type="checkbox"/> C	_____	_____ %
_____	<input type="checkbox"/> P <input type="checkbox"/> C	_____	_____ %

Initial Purchase Payment: \$ _____
(minimums: { Rewards II - \$2,000 qualified, \$5,000 non-qualified; Rewards Elite & Access XL - \$25,000 })

Funding Source: Cash Non-Qualified 1035 Exchange Non-Insurance Exchange
 Transfer Direct Rollover Indirect Rollover

Plan Type: Non-Qual IRA Roth IRA Other: _____

Complete if an IRA and includes new contributions: \$ _____ (Amount) _____ (Tax Year)
\$ _____ (Amount) _____ (Tax Year)

Replacement:

Do you currently have an annuity contract or life insurance policy? Yes No
Will this annuity change or replace an existing annuity contract or life insurance policy? Yes No
(If yes, please provide the company name and contract or policy number below.)

Company 1 _____ Contract or Policy # _____
Company 2 _____ Contract or Policy # _____
Company 3 _____ Contract or Policy # _____

An annuity contract is not a deposit or obligation of, nor guaranteed by any bank or financial institution. It is not insured by the Federal Deposit Insurance Corporation or any other government agency, and is subject to investment risk, including the possible loss of principal.

CONTRACT BENEFITS ARE VARIABLE, MAY INCREASE OR DECREASE, AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNT.

VARIABLE ANNUITY APPLICATION

CONTRACT # _____

ALLOCATE PURCHASE PAYMENTS - Unless you give us instructions for allocating subsequent Purchase Payments when you make them, we will use the Variable Account allocation in effect at that time. Use whole percentages. Percentage totals must equal 100%.

Protective Dollar Cost Averaging Accounts

% DCA Account 1 - Make DCA transfers on the ___ day (1st - 28th) of the month for ___ months (3 - 6 months).
% DCA Account 2 - Make DCA transfers on the ___ day (1st - 28th) of the month for ___ months (7 - 12 months).

Sub-Accounts of the Protective Variable Annuity Separate Account

Table with columns for Purchase Payment, DCA Allocation, and investment options categorized into Category 1 - Conservative, Category 2 - Moderate, and Category 3 - Aggressive.

Transfer Authorizations

I authorize the company to honor my telephone instructions for transfers among the investment options.
I authorize the company to honor my agent's telephone instructions for transfers among the investment options.

Portfolio Rebalancing: Must be completed if SecurePay Withdrawal Benefit is selected.

Rebalance to my current Variable Account allocation ___ quarterly ___ semi-annually ___ annually on the ___ day (1st - 28th) of the month.

For California Residents Age 60 and Older - The consequences of allocating my initial Purchase Payment to the Sub-Accounts on the Effective Date with respect to the Contract's "Right to Cancel" provision have been explained to me and I understand them.

I instruct the Company to allocate my initial Purchase Payment as indicated above on the Contract Effective Date.

VARIABLE ANNUITY APPLICATION

CONTRACT # _____

OPTIONAL BENEFITS AND FEATURES - Not Required. Select the options to be included in your Contract.

Optional Death Benefit: Not available if any Owner or Annuitant is age 76 or older.

___ { Maximum Anniversary Value with CoverPay® Fee } ___ { Maximum Anniversary Value with ValuPay® Fee }

{ SecurePay Withdrawal Benefit® } : You may purchase { SecurePay } now or use { RightTime™ } to purchase it prior to the oldest Owner's or Annuitant's 86th birthday. * { SecurePay R72 } is not available if an Owner or Annuitant is younger than age 55.

___ { SecurePay } ___ { SecurePay } with { GMAB }
___ * { SecurePayR72sm } ___ * { SecurePayR72sm } with { GMAB }

Automatic Purchase Plan: Not available if Partial Automatic Withdrawals are selected. Attach a voided check or deposit ticket.

Draft \$ ___ per ___ month or ___ quarter from my account on the ___ day (1st - 28th) of the month and apply to my Contract.

Partial Automatic Withdrawals: Not available if Automatic Purchase Plan is selected. Attach a voided check or deposit ticket and complete Federal Tax Withholding on Non-Periodic Annuity Payments form # LAD-1133. If not completed, Federal Tax Withholding at a rate of 10% will automatically apply.

Withdraw \$ ___ per ___ month or ___ quarter from the Contract on the ___ day (1st - 28th) of the month and deposit to my account.

SPECIAL REMARKS

SUITABILITY

Did you receive a current prospectus for this annuity? ___ Yes ___ No
Do you believe the annuity meets your financial needs and objectives? ___ Yes ___ No

SIGNATURES

I understand this application will be part of the annuity contract. The information I provide is true and correct to the best of my knowledge and belief. The company will treat my statements as representations and not warranties. The company may accept instructions from any Owner on behalf of all Owners.

Variable annuities involve risk, including the possible loss of principal. The Contract Value, annuity payments and termination values, when based upon the investment experience of the separate account, are variable and are not guaranteed as to any fixed dollar amount.

Application signed at: (City & State) _____ on (Date) _____.

Owner 1: _____ Owner 2: _____ Annuitant: _____

Federal law requires the following notice: We may request or obtain additional information to establish or verify your identity.

PRODUCER REPORT - This section must be completed and signed by the agent for the Contract to be issued.

To the best of your knowledge and belief...

Does the applicant have any existing annuity contract or life insurance policy? ___ Yes ___ No

Does this annuity change or replace an existing annuity contract or life insurance policy? ___ Yes ___ No

I have determined the suitability of this annuity to the applicant's financial situation and objectives by inquiring into the applicant's:

___ financial status ___ tax status ___ investment objectives ___ other relevant information.

Producer Remarks: _____

Type of unexpired government issued photo I.D. used to verify applicant's identity: _____ # _____

I certify that I have truly and accurately recorded on this application the information provided to me by the applicant.

Signature: _____ Print Name: _____

Producer # _____ Brokerage: _____

Florida License # (if applicable) _____ Phone # _____

SERFF Tracking Number: *PRTA-125800412* *State:* *Arkansas*
Filing Company: *Protective Life Insurance Company* *State Tracking Number:* *40170*
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Product Name: *PAT IPV-2161*
Project Name/Number: *PAT IPV-2161/PAT IPV-2161*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PRTA-125800412 State: Arkansas
Filing Company: Protective Life Insurance Company State Tracking Number: 40170
Company Tracking Number: PAT IPV-2161
TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium
Product Name: PAT IPV-2161
Project Name/Number: PAT IPV-2161/PAT IPV-2161

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 09/02/2008

Comments:

Our certification as respects Rules 19 and 49, and Consumer Information Notice compliance. A Flesch Certification does not apply as the application will be used with variable annuity products.

Attachment:

AR MultiCert IPV-2161 - SIGNED.pdf

Review Status:

Satisfied -Name: Application 09/02/2008

Comments:

As this filing is of an application form, the application is provided under the Form Schedule tab.

Review Status:

Satisfied -Name: Statement of Variability 09/03/2008

Comments:

Attachment is our statement of variability for the submitted forms.

Attachment:

StmtVariables IPV-2161 IPV-2161FX - SIGNED.pdf

Protective Life Insurance Company

NAIC 458-68136

FEIN 63-0169720

ARKANSAS CERTIFICATION

This is to certify that the Company complies with:

Arkansas Insurance Department Rule and Regulation 19 requirements regarding Unfair Sex Discrimination in the Sale of Insurance;

Arkansas Insurance Department Rule and Regulation 49 requirements for a Guaranty Association Notice; and

Arkansas Code Ann. 23-79-138 requirements for a Consumer Notice.

Marc E. Cavadel, J.D., FLMI, AIRC, AAPA
AVP – Product Development
Protective Life Insurance Company

September 2, 2008

Date

STATEMENT OF VARIABLE INFORMATION
FOR
VARIABLE ANNUITY APPLICATION

Form Numbers: IPV-2161 (and state variations)
IPV-2161FX (and state variations)

September 2, 2008

GENERAL VARIABLES

1. Items customarily varied according to the applicant or specific plan of insurance. These are items that include: contract number; owner/annuitant/beneficiary name, address and other identifying information; variable sub-account options; and, other associated information.
2. Company address, phone numbers, locations of administrative offices and/or services; website and email addresses; and the names and signatures of company officers.
3. The page numbering scheme may be varied to adjust for revisions to the text. The form numbers and titles of administrative forms may be varied to accommodate updates to those forms.
4. Bracketed numbers within the text may be varied in accordance with applicable state statutory requirements and approved ranges.
5. Benefit selection may vary by plan of insurance.
6. The appearance of the forms may vary in a non-material fashion depending upon factors including, but not limited to: changes in print vendor, software or hardware configurations; typeface, style and font attributes, but not font size; paper stock and weight; and, the presence or absence of color.

General and specific variables will not change with respect to in-force contracts without notification, appropriate regulatory approvals, and (where required) consent of the contract owner.

SPECIFIC VARIABLES

APPLICATION (IPV-2161, IPV-2161FX and state variations)

Cover Page – {IMPORTANT NOTICES}

Notices required by state law. Will vary ***only*** according to state requirements. States listed and the specific wording of the fraud warnings will be updated as required by applicable state law.

Page 1 – {Product Marketing Name}

Will vary according to the variable annuity products being offered at the time the application is in use.

Page 3 – {Optional Benefit Marketing Name }

Will vary according to the optional benefits being offered at the time the application is in use.

CERTIFICATION

I certify that the variable data fields contained within the submitted forms will not be populated with any data other than that which is included in the parameters contained in this Statement of Variability.

Signed on behalf of the company by:

Marc E. Cavadel, J.D., FLMI, AIRC, AAPA
AVP – Product Development
Protective Life Insurance Company

September 2, 2008