

SERFF Tracking Number: TPCI-126075183 State: Arkansas
Filing Company: PHL Variable Insurance Company State Tracking Number: 41883
Company Tracking Number: 09SPA
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
Variable
Product Name: Select Plus Amendment
Project Name/Number: /

Filing at a Glance

Company: PHL Variable Insurance Company

Product Name: Select Plus Amendment

TOI: A02I Individual Annuities- Deferred Non-
Variable

Sub-TOI: A02I.003 Single Premium

Filing Type: Form

SERFF Tr Num: TPCI-126075183

SERFF Status: Closed-Approved-
Closed

Co Tr Num: 09SPA

Authors: Scott Zweig, Joseph
Bonfitto, Elizabeth Wheeler,
Barbara Slater, James Bronsdon,
Kathleen Richter

Date Submitted: 03/20/2009

State: Arkansas

State Tr Num: 41883

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 03/24/2009

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/24/2009

Deemer Date:

Submitted By: Kathleen Richter

Filing Description:

Please see the attached cover letter

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 03/24/2009

Created By: Scott Zweig

Corresponding Filing Tracking Number:

Company and Contact

Filing Contact Information

SERFF Tracking Number: TPCI-126075183 State: Arkansas
 Filing Company: PHL Variable Insurance Company State Tracking Number: 41883
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 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
 Variable
 Product Name: Select Plus Amendment
 Project Name/Number: /

Scott Zweig, Compliance Consultant scott.zweig@phoenixwm.com
 One American Row 860-403-5951 [Phone]
 Hartford, CT 06102 860-403-7225 [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
 Hartford, CT 06102 Group Name: Annuities
 (860) 403-5000 ext. [Phone] FEIN Number: 06-1045829 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$30.00
 Retaliatory? No
 Fee Explanation: 1 Application for @ \$20.00
 1 Amendment @ \$10.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
PHL Variable Insurance Company	\$30.00	03/20/2009	26576532

SERFF Tracking Number: TPCI-126075183 State: Arkansas
Filing Company: PHL Variable Insurance Company State Tracking Number: 41883
Company Tracking Number: 09SPA
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
Variable
Product Name: Select Plus Amendment
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	03/24/2009	03/24/2009

SERFF Tracking Number: TPCI-126075183 State: Arkansas
 Filing Company: PHL Variable Insurance Company State Tracking Number: 41883
 Company Tracking Number: 09SPA
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 Variable
 Product Name: Select Plus Amendment
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Application	No	No
Supporting Document	Life & Annuity - Acturial Memo	No	No
Supporting Document	Cover Letter	Yes	Yes
Supporting Document	Statement of Variability	Yes	Yes
Form	Contract Amendment	Yes	Yes
Form	Single Premium Fixed Annuity Application	Yes	Yes

SERFF Tracking Number: TPCI-126075183 State: Arkansas
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 Company Tracking Number: 09SPA
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
 Variable
 Product Name: Select Plus Amendment
 Project Name/Number: /

Form Schedule

Lead Form Number: 09SPA

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	09SPA	Policy/Contract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		62.680	09SPA - Amendment - Select Plus - PHLVIC FINAL.pdf
	OL3154.1	Application/Single Premium Enrollment Fixed Annuity Form Application	Initial		57.200	OL 3154.1 Generic - with John Doe.pdf



CONTRACT AMENDMENT

This amendment is issued as part of the contract to which it is attached. Except where this amendment provides otherwise, it is subject to all of the conditions and limitations of the contract.

The first Schedule Page of the contract is amended by adding the following beneath “Beneficiary(s)”

Surrender Threshold Amount: [100%] of premium less any prior partial surrender amounts paid.

Minimum Guaranteed Interest Rate: The Minimum Guaranteed Interest Rate is the minimum rate of interest We will credit to your Contract Value. There will be a Minimum Guaranteed Interest Rate associated with each guarantee period. The Minimum Guaranteed Interest Rate will be set on the first day of each guarantee period and will be equal to the 5 Year Constant Maturity Treasury (CMT) Rate as of the last business day of the November of the prior calendar year, rounded to the nearest 1/20th of one percent, less 1.25%, but will never be less than 1.00% or greater than 3.00%. This rate will never be less than the statutory required minimum interest rate under applicable state insurance law.

The Minimum Guaranteed Interest Rate for your first guarantee period is: [1.00%].

The Surrender Charge schedule and the paragraph preceding it in the “CONTRACT FEES AND CHARGES” section of the Schedule Page is deleted and replaced with the following:

Surrender Charge: Any amount surrendered in excess of the free withdrawal amount will be subject to a market value adjustment and the following surrender charge, expressed as a percentage of the amount surrendered:

<u>Complete Contract Years</u>	<u>Surrender Charge</u>
[0	9%
1	8%
2	7%
3	6%
4	5%
5	4%
6	3%
7	2%
8 and over	0%]

The “TABLE OF MINIMUM GUARANTEED VALUES BASED ON A [\$5,000] INITIAL PAYMENT” and its associated footnote in the second Schedule Page of the contract is deleted and replaced with the following:

End of Year	Accumulated Value	Surrender Value	End of Year	Accumulated Value	Surrender Value
[1	5,300	5,000	21	7,553	7,553
2	5,565	5,000	22	7,629	7,629
3	5,843	5,000	23	7,705	7,705
4	6,135	5,000	24	7,782	7,782
5	6,442	5,000	25	7,860	7,860
6	6,507	6,257	26	7,939	7,939
7	6,572	6,372	27	8,018	8,018
8	6,637	6,487	28	8,098	8,098
9	6,704	6,704	29	8,179	8,179
10	6,771	6,771	30	8,261	8,261
11	6,839	6,839	31	8,344	8,344
12	6,907	6,907	32	8,427	8,427
13	6,976	6,976	33	8,512	8,512
14	7,046	7,046	34	8,597	8,597
15	7,116	7,116	35	8,683	8,683
16	7,187	7,187	36	8,769	8,769
17	7,259	7,259	37	8,857	8,857
18	7,332	7,332	38	8,946	8,946
19	7,405	7,405	39	9,035	9,035
20	7,479	7,479	40	9,126	9,126]

VALUES ARE BASED ON AN INTEREST RATE OF [5.00%] FOR THE INITIAL [FIVE]-YEAR GUARANTEE PERIOD [(WITH [1%] BONUS IN THE FIRST YEAR)], AND THE MINIMUM GUARANTEED INTEREST RATE OF [1%] THEREAFTER. SURRENDER CHARGES ARE SHOWN ON THE CONTRACT SCHEDULE PAGE. VALUES ASSUME THAT NO PARTIAL SURRENDERS OR PREMIUM TAX DEDUCTIONS ARE MADE AFTER THE ISSUE DATE.

The reference to “single premium deferred annuity contract” in the first sentence of the “The Type of Contract” provision in the “CONTRACT SUMMARY” is deleted and replaced with “single premium deferred modified guaranteed annuity contract.”

“Part 1: Definitions” is amended by adding the following term and definition:

Surrender Threshold Amount: The minimum amount that will be available upon surrender after any applicable market value adjustment, surrender charge and premium tax.

The provision entitled “Allocation of Premium Payment” in “PART 4: PREMIUM PAYMENT AND ALLOCATION” is amended by deleting the first sentence and substituting the following:

The premium payment is allocated to the Modified Guaranteed Account for the Guarantee Period you selected at issue, and is shown on the Schedule Page.

“PART 4: PREMIUM PAYMENT AND ALLOCATION” is amended by adding the following additional provision:

Modified Guaranteed Account A non-unitized separate account, established by PHL Variable Insurance Company under Connecticut law that holds assets for Guaranteed Periods. There are no discrete units for the Modified Guaranteed Account. The Owner does not participate in any gain or loss resulting from the performance of the investments held in the Modified Guaranteed Account. All income, gains and losses realized and unrealized of the Modified Guaranteed Account are credited to or charged against the amounts placed in the Modified Guaranteed Account without reference to other income, gain and losses of PHL Variable Insurance Company. The assets of the Modified Guaranteed Account are owned solely by Us and We are not a trustee with respect to such assets. PHL Variable Insurance Company liabilities, except for liabilities under this contract and reserves required by federal and state law, may not be charged against the Modified Guaranteed Account.

The second paragraph of the provision entitled “Interest Crediting” in “PART 5: DETERMINING THE CONTRACT VALUE” is amended by deleting the first sentence and substituting the following:

Any Guaranteed Interest Rate We declare will not be less than the Minimum Guaranteed Interest Rate in effect at the time the rate is declared. At issue, this is the Minimum Guaranteed Interest Rate shown on the Schedule Page.

The provision entitled “Surrender Value” in “PART 5: DETERMINING THE CONTRACT VALUE” is amended by deleting the second sentence and substituting the following:

In no event, however, will the Surrender Value upon full surrender be less than the Surrender Threshold Amount shown on the Schedule Page.

The last paragraph of the provision entitled “Market Value Adjustment” in “PART 7: FULL AND PARTIAL SURRENDERS” is amended by deleting the last sentence and substituting the following:

For a given guarantee period, in no event will the effective annual rate of return upon full surrender be less than the Minimum Guaranteed Interest Rate for that guarantee period after the market value adjustment is applied.

The first full paragraph of “PART 11: TABLES OF ANNUITY PAYMENT OPTION AMOUNTS” is deleted and replaced with the following:

Under Options A, B, D, E, and F, guaranteed fixed annuity payment rates are based on the 2000 Individual Annuity Mortality Table with a 10-year age setback and an interest rate of 2.5%. Under Option G and H, the interest rate is 1.5%.

The Annuity Payment Option Amount tables in PART 11 are deleted and replaced with the following tables:

**Fixed Annuity Payments under Option A – Life Annuity with Specified Period Certain
 Fixed Annuity Payments under Option B – Non-Refund Life Annuity
 Fixed Annuity Payments under Option E – Installment Refund Life Annuity**

Age	Male					Female				
	Non-Refund Life	Life Annuity with Specified Period Certain			Installment Refund Life	Non-Refund Life	Life Annuity with Specified Period Certain			Installment Refund Life
		5-Year	10-Year	20-Year			5-Year	10-Year	20-Year	
40	\$2.90	\$2.90	\$2.89	\$2.89	\$2.85	\$2.79	\$2.79	\$2.79	\$2.78	\$2.76
45	3.05	3.05	3.05	3.03	2.99	2.92	2.92	2.92	2.91	2.88
50	3.24	3.24	3.24	3.21	3.15	3.08	3.08	3.08	3.06	3.02
55	3.49	3.48	3.47	3.42	3.35	3.28	3.28	3.28	3.25	3.20
60	3.79	3.79	3.76	3.67	3.58	3.54	3.54	3.53	3.48	3.41
65	4.18	4.17	4.13	3.97	3.87	3.87	3.87	3.85	3.76	3.68
70	4.69	4.67	4.61	4.30	4.24	4.31	4.30	4.26	4.09	4.01
75	5.40	5.36	5.21	4.63	4.68	4.90	4.88	4.81	4.45	4.44
80	6.38	6.28	5.97	4.92	5.24	5.73	5.68	5.51	4.80	4.98
85	7.73	7.49	6.82	5.12	5.93	6.94	6.81	6.41	5.07	5.67
90	9.61	9.04	7.70	5.22	6.78	8.73	8.38	7.42	5.21	6.55

Fixed Annuity Payments under Option D – Joint and Survivorship Life Annuity – 100% to Survivor

Female Age	Male Age										
	40	45	50	55	60	65	70	75	80	85	90
40	\$2.65	\$2.69	\$2.72	\$2.74	\$2.75	\$2.76	\$2.77	\$2.78	\$2.78	\$2.78	\$2.79
45	2.71	2.76	2.80	2.84	2.86	2.88	2.89	2.90	2.91	2.91	2.92
50	2.75	2.82	2.89	2.94	2.98	3.01	3.04	3.05	3.06	3.07	3.07
55	2.79	2.88	2.97	3.05	3.11	3.16	3.20	3.23	3.25	3.26	3.27
60	2.82	2.93	3.04	3.15	3.24	3.33	3.40	3.45	3.48	3.51	3.52
65	2.84	2.96	3.09	3.23	3.37	3.50	3.61	3.70	3.76	3.80	3.83
70	2.86	2.99	3.14	3.31	3.49	3.66	3.83	3.98	4.09	4.18	4.23
75	2.87	3.01	3.18	3.37	3.58	3.81	4.05	4.28	4.48	4.63	4.74
80	2.88	3.03	3.20	3.41	3.65	3.93	4.25	4.58	4.89	5.17	5.38
85	2.89	3.04	3.22	3.44	3.70	4.03	4.41	4.84	5.31	5.76	6.15
90	2.89	3.04	3.23	3.46	3.74	4.09	4.52	5.05	5.67	6.34	6.99

Fixed Annuity Payments under Option F – Joint Survivor Life Annuity with 10 Year Period Certain – 100% to Survivor

Female Age	Male Age										
	40	45	50	55	60	65	70	75	80	85	90
40	\$2.65	\$2.69	\$2.72	\$2.74	\$2.75	\$2.76	\$2.77	\$2.78	\$2.78	\$2.78	\$2.79
45	2.71	2.76	2.80	2.84	2.86	2.88	2.89	2.90	2.91	2.91	2.91
50	2.75	2.82	2.89	2.94	2.98	3.01	3.04	3.05	3.06	3.07	3.07
55	2.79	2.88	2.97	3.04	3.11	3.16	3.20	3.23	3.25	3.26	3.27
60	2.82	2.93	3.04	3.15	3.24	3.33	3.40	3.45	3.48	3.50	3.52
65	2.84	2.96	3.09	3.23	3.37	3.50	3.61	3.70	3.76	3.80	3.82
70	2.86	2.99	3.14	3.31	3.48	3.66	3.83	3.98	4.09	4.17	4.21
75	2.87	3.01	3.17	3.36	3.58	3.81	4.05	4.27	4.47	4.61	4.71
80	2.88	3.03	3.20	3.41	3.65	3.93	4.24	4.56	4.87	5.12	5.31
85	2.89	3.04	3.22	3.44	3.70	4.02	4.39	4.82	5.26	5.67	5.99
90	2.89	3.04	3.23	3.45	3.73	4.08	4.50	5.01	5.58	6.15	6.66

Fixed Annuity Payments under Option G - Annuity for Specified Period

Number of Years	Annual Installment	Monthly Installment
5	\$206.00	\$17.28
6	172.93	14.51
7	149.32	12.53
8	131.61	11.04
9	117.84	9.89
10	106.83	8.96
11	97.83	8.21
12	90.33	7.58
13	83.98	7.05
14	78.55	6.59
15	73.84	6.20
16	69.72	5.85
17	66.09	5.55
18	62.86	5.27
19	59.98	5.03
20	57.38	4.81
25	47.55	3.99
30	41.02	3.44

PHL Variable Insurance Company

[*John H. Beers*]

[Secretary]



PHL Variable Insurance Company

Home Office: One American Row
PO Box 5056, Hartford CT 06102-5056
Regular Mail: Phoenix Annuity Mail Operations
PO Box 8027, Boston MA 02266-8027
Express Mail: Phoenix Annuity Mail Operations
30 Dan Road, Suite 8027, Canton MA 02021-2809

Single Premium
Fixed Annuity Application

Annuitant

Name (Print as desired in contract) John A. Doe
Social Security Number 1 2 3 4 5 6 7 8 9
Date of Birth (mm/dd/yyyy) 01/01/1960 Sex [X] Male [] Female
Address (Number and Street) 1 State Street
City Hometown State CT ZIP Code 01000
Phone 8 6 0 / 5 5 5 - 1 2 1 2

Beneficiary Designation

Name Mary Doe
Relationship Daughter 100 %
Name
Relationship %
Name
Relationship %

Joint Annuitant - (If any)

Name Jane A. Doe
Social Security Number 1 1 3 4 5 7 7 8 9
Date of Birth (mm/dd/yyyy) 01/01/1960 Sex [] Male [X] Female
Address (Number and Street) 1 State Street
City Hometown State CT ZIP Code 01000
Phone 8 6 0 / 5 5 5 - 1 2 1 2

Premium and Allocation

Single Premium (check payable to "Phoenix").
[X] Check [] Wire \$ 60,000
Initial Guarantee Period (select one):
[] 3 Year Term [] 5 Year Term
[] 7 Year Term [X] 10 Year Term

Owner

Name (Print as desired in contract) John A. Doe
Social Security Number / Federal I.D. 1 2 3 4 5 6 7 8 9
Date of Birth (mm/dd/yyyy) 01/01/1960 Sex [X] Male [] Female
Address (Number and Street) 1 State Street
City Hometown State CT ZIP Code 01000
Phone 8 6 0 / 5 5 5 - 1 2 1 2

Plan Type - (Select one)

A. Nonqualified
[X] Initial
[] 1035 Exchange \$ _____ Cost Basis
B. Qualified
[] New Contribution _____ Tax Year
[] Transfer
[] Rollover
Type of Qualified Plan
[] Traditional IRA [] SEP IRA [] Roth IRA [] Simple IRA
[] 403(b) Rollover [] 401(a) Qualified Plan
Estimated Transfer Amount \$ _____

Joint Owner - (If any)

Name Jane A. Doe
Social Security Number / Federal I.D. 1 1 3 4 5 7 7 8 9
Date of Birth (mm/dd/yyyy) 01/01/1960 Relationship to Owner wife Sex [] Male [X] Female

Replacement - (Attach appropriate exchange forms)

Will this annuity replace any existing life insurance or annuity? [] Yes [X] No
Are there any life insurance policies or annuity contracts, owned by, or on the life of the applicant, owner or annuitant? [] Yes [X] No
Do you plan to utilize values from any existing life insurance policy or annuity contract (through loans, surrenders or otherwise) to pay any initial or subsequent premiums for this annuity? [] Yes [X] No
Details: _____
Company _____
Contract No. _____

Special Remarks

Empty box for special remarks.

Owner(s) Acknowledgements

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud as determined by a court of competent jurisdiction.

The following states require the applicant to acknowledge the information below that pertains to his or her specific state.

Arkansas, Louisiana, West Virginia - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado - 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Pennsylvania - 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.

New Jersey - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico - Any person who knowingly presents a false or fraudulent claims for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties

Ohio - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma - 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.

District of Columbia, Tennessee, Virginia, Washington - 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.

I have read all of the statements in this application and represent that they are complete and true to the best of my knowledge and belief. By accepting the annuity issued, I agree to any additions or corrections to this application. I also agree that a facsimile or imaged signature is as good as the original.

Under penalties of perjury, I certify that: a) the number shown on this form is my correct taxpayer identification number; and b) I am not subject to backup withholding because: 1) I am exempt from backup withholding; or 2) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or 3) the IRS has notified me that I am no longer subject to backup withholding.

The contract being applied for contains a market value adjustment that may increase or decrease the values in the policy upon withdrawal or surrender prior to the end of the selected Guarantee Period..

Annuitant's Signature	<u>John A. Doe</u>	State Signed In	<u>CT</u>	Date (mm/dd/yyyy)	<u>3/1/2009</u>
Joint Annuitant's Signature (if any)	<u>Jane A. Doe</u>	State Signed In	<u>CT</u>	Date (mm/dd/yyyy)	<u>3/1/2009</u>
Owner's Signature	<u>John A. Doe</u>	State Signed In	<u>CT</u>	Date (mm/dd/yyyy)	<u>3/1/2009</u>
Joint Owner's Signature (if any)	<u>Jane A. Doe</u>	State Signed In	<u>CT</u>	Date (mm/dd/yyyy)	<u>3/1/2009</u>

Do you, as Agent, have reason to believe the product applied for will replace existing annuities or insurance? Yes No

Are there any life insurance policies or annuity contracts, owned by, or on the life of the applicant, owner or annuitant? Yes No

Will the product applied for utilize values from any existing life insurance policy or annuity contract (through loans, surrenders or otherwise) to pay any initial or subsequent premiums for this annuity? Yes No

Licensed Agent	<u>Alan A. Agent</u>	Alan A. Agent	<u>12345</u>	<u>100</u>
	Signature	Print Name	Agent ID Number	% Shares
Licensed Agent	_____	_____	_____	_____
	Signature	Print Name	Agent ID Number	% Shares
	Broker Dealer, Inc.	1 Agents Way, Anytown, CT 06006		
	Bank or Broker/Dealer Firm	Address (Street, Number, City, State, ZIP)		
	<u>09/11/2008</u>	<u>(203)564-8814</u>	_____	
	Date (mm/dd/yyyy)	Telephone	FL Licensed I.D. No. (for Florida Agents only)	

SERFF Tracking Number: TPCI-126075183 State: Arkansas
 Filing Company: PHL Variable Insurance Company State Tracking Number: 41883
 Company Tracking Number: 09SPA
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
 Variable
 Product Name: Select Plus Amendment
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment:		
AR certifications - 09SPA.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Please see the form schedule tab.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter		
Comments:		
Attachment:		
AR - Cover Letter.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment:		
Statement of variability - 09SPA, OL3154.1.pdf		

**ARKANSAS
CERTIFICATION**

FORM NO.	09SPA
FORM TITLE	Contract Amendment
FLESCH SCORE	*62.68
FORM NO.	OL3154.1
FORM TITLE	Single Premium Fixed Annuity Application
FLESCH SCORE	*57.20

* This form was scored in conjunction with the base contract form D607.

I hereby certify the following:

- To the best of my knowledge and belief, the above form(s) and submission comply with Reg. 19 and Reg. 49, as well as the other laws and regulations of the State of Arkansas.
- The attached forms comply with ACA 23-79-138 and Bulletin 11-88.

PHL Variable Insurance Company

Signature: 
Name: **Scott Zweig**
Title: **Compliance Consultant**
Date: **3/20/2009**



Scott Zweig - State Compliance Consultant
Life & Annuity State Compliance Office
One American Row Hartford, CT 06102-5056
(860) 403-5951 Fax: (860) 403-7252
Toll Free: 1-800-349-9267 (press 2, then 6)
Email: Scott.Zweig@phoenixwm.com

March 20, 2009

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

For Approval Purposes
Form 09SPA – Contract Amendment
Form OL3154.1 – Fixed Annuity Application

Dear Mr. Musgrove:

We are filing the above-referenced forms in your jurisdiction for approval or acknowledgment, as the case may be. The forms are filed in accordance with the applicable statutes and regulations of your jurisdiction and are laser printed, subject only to minor variations in paper stock, color, fonts, duplexing, and positioning. These forms are new and are not intended to replace existing forms. The forms will be made available on May 11, 2009, but not before we receive approval or acknowledgment from your Department, as the case may be. These forms will be marketed to the general public. They were approved by our domiciliary state of Connecticut for use outside of Connecticut effective March 20, 2009.

Contract Amendment (09SPA) amends an existing single premium deferred annuity contract (the "Contract") previously approved by your Department (approval information below). The Contract provides for interest on a single premium payment and withdrawal privileges prior to the Maturity Date. The single premium payment is allocated to a guarantee period as selected by the contract owner, and earns a stated, guaranteed effective annual rate not less than the Minimum Guaranteed Interest Rate for the duration of the guarantee period. The purpose of this amendment is to add a separate account, update and add Minimum Guaranteed Interest Rate language, clarify the calculation of surrenders and update the annuity payment option tables. The issue ages for this Contract are 0 to 90 years.

Table with 2 columns: Form Number, Approval Date. Row 1: D607, 3/26/2001

Form OL3154.1, a fixed annuity application, has been created for use with this product. This application is substantially similar to the version previously approved by your Department (approval information below).

Table with 2 columns: Form Number, Approval Date. Row 1: OL3154, 3/26/2001

This submission, including charges and other values, is for specimen purposes only. Other scenarios may generate additional text information in the specifications and tables section of the schedule pages. An actuarial memorandum is enclosed for these forms.

In addition, previously and subsequently approved riders, endorsements, amendments, addendums, insert and schedule pages may also be made available with this contract.

We intend to file these forms in all 50 States plus the District of Columbia.

Text ordinarily bracketed appears in the amendment. See the attached Statement of Variability for a more complete description.

Your attention to this submission is appreciated. Should you have any questions regarding any of the materials in this filing, please do not hesitate to contact me at 1-860/403-5951, by fax at (860) 403-7225 or by e-mail at scott.zweig@phoenixwm.com.

Sincerely,

A handwritten signature in cursive script that reads "Scott Zweig".

Scott Zweig
State Compliance Consultant

Statement of Variability

March 19, 2009

Form 09SPA

This Statement of Variability sets forth the variable information which will appear in brackets in form **09SPA (Contract Amendment)**. No change in variability will be made which in any way expands the scope of the wording being changed.

Surrender Threshold Amount: The minimum amount that will be available upon surrender after any applicable market value adjustment, surrender charge or premium tax will appear in this field. Should we change this percentage it would be for new issues only and could range from 0% to 100%.

Minimum Guaranteed Interest Rate: The minimum guaranteed interest rate for the first guarantee period will appear in this field. Should we change this, it would be for new issues only and could range from 1.0% to 3.0%.

Surrender Charge: The percentages used in determining the appropriate surrender charge will appear in this table. Should we change these years or percentages it would be for new issues only and could range from 0 – 9 years and 0% – 9% respectively.

Table of Minimum Guaranteed Values: This table will either show a sample calculation or the actual values using the information contained on the schedule page.

The dollar amount shown in the title of this table is bracketed to indicate that it may change to coincide with the single premium amount paid to the contract. The amount that appears in this field will be used to calculate the values contained in the table.

The years listed in the table are bracketed to indicate that they may change. Should we change them, they could range from 1 to 40 years.

The Accumulated Values listed in this table are bracketed to indicate that they may change. These values may vary in accordance with the single premium amount listed in the title of the table, the interest rate for the initial guarantee period, as well as the Minimum Guaranteed Interest Rate.

The Surrender Values listed in this table are bracketed to indicate that they may change. These values may vary in accordance with the single premium amount listed in the title of the table, the interest rate for the initial guarantee period, the Minimum Guaranteed Interest Rate, Surrender Charge percentages, Free Withdrawal Amounts, as well as the Surrender Threshold Amount.

The interest rate for the guarantee period used to calculate the values of the table will appear in this field. This percentage is bracketed to indicate that it may change depending on election and could range from 1% to 10%.

The number of years associated with the guaranteed period used to calculate the values of the table will appear in this field. This number is bracketed to indicate that it may change depending on election and could range from 1 year to 10 years.

The reference to the bonus in the first year is bracketed to indicate that it may or may not appear. If the bonus in the first year is available, this reference will appear and could range from 0.25% to 5.00%. If the bonus is not available, this reference will not appear.

The minimum guaranteed interest rate for the first guarantee period will appear in this field. Should we change this, it would be for new issues only and could range from 1.0% to 3.0%.

Company Officer Signatures and Titles: We have placed brackets around the Company officer signatures to indicate that the officer names may change in the future.

Statement of Variability

March 18, 2009

Form OL3154.1

This Statement of Variability sets forth the variable information which will appear in brackets in form **OL3154.1 (Single Premium Fixed Annuity Application)**. No change in variability will be made which in any way expands the scope of the wording being changed.

Page 1:

Company Logo: The company logo has been bracketed to indicate that this logo could be changed in the future.

Company Name: The name of the company has been bracketed to indicate that this application could be used with a different company affiliated with Phoenix, or that the name could change in the future.

Regular Mail Address: This address is bracketed to indicate that it may either change in the future or an additional address may be added.

Express Mail Address: This address is bracketed to indicate that it may either change in the future or an additional address may be added.

Home Office Address: This address is bracketed to indicate that it may either change in the future or an additional address may be added.

Premium and Allocation: The full list of available Initial Guarantee Periods is bracketed to indicate that one or more options may be added, deleted, or changed. Should we change these options it would be for new issues only and the length of the period could range from 1 year to 10 years. The current offering of guarantee periods, appear on the application.

Owner(s) Acknowledgements: The fraud notices included in this section have been bracketed to indicate that the text of one or more states' notices may change if mandated by state law or regulation, and to indicate that additional state notices may be added or notices may be deleted if mandated by state law or regulation.