

SERFF Tracking Number: AGLL-126871225 State: Arkansas  
Filing Company: Philadelphia Financial Life Assurance Company State Tracking Number: 47105  
Company Tracking Number: END-1009  
TOI: ML01 Multi-Line - Assumption Agreement Sub-TOI: ML01.000 Multi-Line - Assumption Agreement  
Product Name: Name and Address Change Endorsement  
Project Name/Number: /END-1009

## Filing at a Glance

Company: Philadelphia Financial Life Assurance Company

Product Name: Name and Address Change SERFF Tr Num: AGLL-126871225 State: Arkansas

Endorsement

TOI: ML01 Multi-Line - Assumption Agreement SERFF Status: Closed-Approved- State Tr Num: 47105  
Closed

Sub-TOI: ML01.000 Multi-Line - Assumption Co Tr Num: END-1009 State Status: Approved-Closed  
Agreement

Filing Type: Form

Author: Harley Misson

Date Submitted: 10/21/2010

Reviewer(s): Linda Bird

Disposition Date: 10/26/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Project Number: END-1009

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments: Variable products are exempt from the form filing requirements of the Commonwealth of Pennsylvania.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/26/2010

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 10/26/2010

Deemer Date:

Submitted By: Harley Misson

Filing Description:

Please see cover letter included in the Supporting Documents

Created By: Harley Misson

Corresponding Filing Tracking Number:

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: AGLL-126871225 State: Arkansas  
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 Product Name: Name and Address Change Endorsement  
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Harley Misson, hmisson@philafin.com  
 610 W. Germantown Pike 484-530-4805 [Phone]  
 Suite 460 484-530-0265 [FAX]  
 Plymouth Meeting, PA 19462

**Filing Company Information**

Philadelphia Financial Life Assurance Company CoCode: 60232 State of Domicile: Pennsylvania  
 610 W. Germantown Pike, Suite 460 Group Code: Company Type:  
 Plymouth Meeting, PA 19462 Group Name: State ID Number:  
 (484) 530-4800 ext. [Phone] FEIN Number: 52-0795747

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 per form  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Philadelphia Financial Life Assurance Company	\$50.00	10/21/2010	41018091

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/26/2010	10/26/2010

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing TOI	Note To Reviewer	Harley Misson	10/21/2010	10/21/2010





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**Note To Reviewer**

**Created By:**

Harley Misson on 10/21/2010 03:28 PM

**Last Edited By:**

Linda Bird

**Submitted On:**

10/26/2010 08:22 AM

**Subject:**

Filing TOI

**Comments:**

I probably should have filed under Life-Other.

Please let me know if this presents a problem and I'll re-file.

Thank you

Harley W. Misson

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## Form Schedule

Lead Form Number: END-1009

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	END-1009	Policy/Cont Change of Name and Initial ract/Fratern Address al Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider			40.000	END-1009.pdf

# PHILADELPHIA FINANCIAL LIFE ASSURANCE COMPANY

## CHANGE OF NAME AND ADDRESS ENDORSEMENT

Whenever the name AGL Life Assurance Company is used in your policy, the name Philadelphia Financial Life Assurance Company is substituted.

The Home Office of Philadelphia Financial Life Assurance Company is: 610 W. Germantown Pike  
Suite 460  
Plymouth Meeting, PA 19462

Effective January 01, 2011, the Home Office Address will be: One Liberty Place  
1650 Market Street, 54<sup>th</sup> Floor  
Philadelphia, PA 19103

For correspondence, the mailing address is: 610 W. Germantown Pike  
Suite 460  
Plymouth Meeting, PA 19462

Effective January 01, 2011, the mailing address will be: One Liberty Place  
1650 Market Street, 54<sup>th</sup> Floor  
Philadelphia, PA 19103

Telephone numbers for the company are: (484) 530-4800  
(866) 873-1641 Client Svcs.

Please attach this form to your policy.

This endorsement is attached to and made part of this policy effective on September 22, 2010.



Secretary



President

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> Flesch Certification.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Cover Letter <b>Comments:</b> <b>Attachment:</b> Name and Address Change Cover.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Certifications <b>Comments:</b> <b>Attachment:</b> Name Change Certifications - Arkansas.pdf		

**AGL LIFE ASSURANCE COMPANY**

**Flesch Readability Certification**

END-1009 ..... 40.0

I hereby certify that each Flesch Readability score listed above is correct and true.



\_\_\_\_\_  
Harley W. Misson  
Director of Compliance

\_\_\_\_\_  
October 21, 2010

Date

**PHILADELPHIA**  
FINANCIAL

October 21, 2010

Arkansas Department of Insurance  
Life & Health Division  
1200 West Third Street  
Little Rock, AR 72201

Re: **PHILADELPHIA FINANCIAL LIFE ASSURANCE COMPANY (NAIC # 60232)**  
**Form Filing: END-1009 (Name and Address Change Endorsement)**

Dear Sir or Madam:

AGL Life Assurance Company changed its name to Philadelphia Financial Life Assurance Company ("PFLAC") effective September 22, 2010. The name change has been received by the Arkansas Secretary of State on September 28, 2010, and the AR Department of Insurance amended our Certificate of Authority effective October 15, 2010.

The current address of Philadelphia Financial Life Assurance Company is:

610 W. Germantown Pike, Suite 460  
Plymouth Meeting, PA 19462

Effective on or about January 01, 2011, the address of Philadelphia Financial Life Assurance Company will be:

One Liberty Place  
1650 Market Street, 54th Floor  
Philadelphia, PA 19103

PFLAC distributes variable annuity and variable life insurance products exclusively in "private placement" offerings that are exempt from registration under the Federal Securities Act of 1933. Pursuant to this exemption from registration, PFLAC products are offered for sale only to individuals, corporations, partnerships, etc. that PFLAC determines are accredited investors, as defined in Regulation D, promulgated by the U.S. Securities and Exchange Commission. PFLAC markets its products exclusively through appointed agents.

END-1009 will be distributed to all current policyholders of our currently approved individual variable annuity, individual variable life and group variable annuity products.

I have included certifications signed by the our Sr. Vice President and Chief Actuary that include all of the currently approved policy forms and dates of approval. The certifications state that no changes will be made to these forms in content, other than the company name change and address.

Please contact me at (484) 530-4805 or by electronic mail at [hmisson@philafin.com](mailto:hmisson@philafin.com) with any questions.

Respectfully,

A handwritten signature in black ink, appearing to read "H. W. Misson", with a stylized flourish at the end.

Harley W. Misson  
Director of Compliance

**PHILADELPHIA FINANCIAL LIFE ASSURANCE COMPANY**  
**Name Change Certification**

I, Paul J. Sulek, FSA, MAAA, am Sr. Vice President and Chief Actuary of Philadelphia Financial Life Assurance Company. I am the company officer responsible for development and filing of policy forms.

To my knowledge and belief, the attached policy forms listed below were approved by the Arkansas Department of Insurance for use by AGL Life Assurance Company. They have been revised under my supervision to change the address and company name to Philadelphia Financial Life Assurance Company. There are no other changes to the substance or content of these forms.

I certify by my signature below that the forgoing statements are true and correct.

  
\_\_\_\_\_  
Paul J. Sulek  
Sr. Vice President and Chief Actuary  
  
\_\_\_\_\_  
10 20 10  
Date

List of approved policy forms:

GVA-0602AR AQ  
APGVA-0602AR AQ  
GVA-0602AR  
APGVA-0602AR  
VA-197  
VJ-0901bAR  
VJ-0901bARcvat  
VL-0901bAR  
VL-0901bARcvat  
END-0002a  
END-0503a  
END-0906a  
END-0906b  
END-100  
APP-0901AR  
AppAm-091  
APP-0502  
APP-0706  
APP-291  
APVA-197F

**AGL LIFE ASSURANCE COMPANY**  
**Name change to:**  
**PHILADELPHIA FINANCIAL LIFE ASSURANCE COMPANY**

**FORM NUMBERS & APPROVAL DATES**  
from the  
**ARKANSAS DEPARTMENT OF INSURANCE**

<u>Form</u>	<u>Description</u>	<u>Approval Date</u>
GVA-0602AR AQ	Qualified Group Variable Annuity	02/08/08
APGVA-0602AR AQ	Policy Application	02/08/08
GVA-0602AR	Non-Qualified Group Variable Annuity	02/08/08
APGVA-0602AR	Policy Application	02/08/08
VA-197	Flexible Premium Deferred Variable Annuity	11/14/01
VJ-0901bAR	Flexible Premium Survivorship Variable Life Insurance	02/04/10
VJ-0901bARcvat	Flexible Premium Survivorship Variable Life Insurance Insert Pages	02/04/10
VL-0901bAR	Flexible Premium Variable Life Insurance	12/22/09
VL-0901bARcvat	Flexible Premium Variable Life Insurance Insert Pages	12/22/09
END-0002a	Deferral of Payments	02/22/02
END-0503a	Death Benefit Settlement Agreement	02/22/06
END-0906a	Death Benefit Option 4 Endorsement	08/11/09
END-0906b	Death Benefit Option 4 Endorsement	08/11/09
END-100	Trade During Free Look Endorsement	02/22/02
APP-0901AR	Life Application Part I	06/22/09
AppAm-091	Life Application Amendment	01/21/98
APP-0502	Life Application Part II (medical)	04/13/05
APP-0706	Avocation Supplement	07/13/07
APP-291	Aviation Supplement	07/29/91
APVA-197F	Annuity Application	11/14/01

I hereby certify that Philadelphia Financial Life Assurance Company only intends to reprint the indicated forms above, which were previously approved under the name AGL Life Assurance Company on the dates specified. These forms will be exact copies of those previously approved, with the only differences being the company name and address change.

  
\_\_\_\_\_  
Paul J. Sulék  
Sr. Vice President and Chief Actuary

10-20-10  
\_\_\_\_\_  
Date