

SERFF Tracking Number: PRTA-127759174 State: Arkansas
 Filing Company: Protective Life Insurance Company State Tracking Number: 50105
 Company Tracking Number: VICKIE-2161
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
 Product Name: IPV-2161
 Project Name/Number: IPV-2161/IPV-2161

Filing at a Glance

Company: Protective Life Insurance Company

Product Name: IPV-2161

SERFF Tr Num: PRTA-127759174 State: Arkansas

TOI: A03I Individual Annuities - Deferred Variable

SERFF Status: Closed-Approved State Tr Num: 50105

Sub-TOI: A03I.002 Flexible Premium

Co Tr Num: VICKIE-2161

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird, Donna Lambert

Author: Vickie Jerkins

Disposition Date: 10/28/2011

Date Submitted: 10/25/2011

Disposition Status: Approved

Implementation Date Requested: 12/01/2011

Implementation Date: 11/28/2011

State Filing Description:

General Information

Project Name: IPV-2161

Status of Filing in Domicile: Authorized

Project Number: IPV-2161

Date Approved in Domicile: 09/10/2008

Requested Filing Mode: Review & Approval

Domicile Status Comments: The forms in this filing have been previously approved by our domiciliary state of Tennessee.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 10/28/2011

Deemer Date:

State Status Changed: 10/28/2011

Submitted By: Vickie Jerkins

Created By: Vickie Jerkins

Filing Description:

Corresponding Filing Tracking Number:

FORM NUMBER.....FORM TITLE

IPV-2161.....Variable Annuity Application

IPV-2161FX.....Variable Annuity Application

The intended implementation date for this filing is December 01, 2011 or upon approval by your Department. The referenced Variable Annuity Filing is being submitted for filing acknowledgement or prior approval, as appropriate. These forms do not contain any unusual or possibly controversial items that vary from normal company or industry standards. The forms in this filing have been previously approved by our domiciliary state of Tennessee.

SERFF Tracking Number: PRTA-127759174 State: Arkansas
Filing Company: Protective Life Insurance Company State Tracking Number: 50105
Company Tracking Number: VICKIE-2161
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: IPV-2161
Project Name/Number: IPV-2161/IPV-2161

The applications submitted in this filing will be used with variable annuity products that are offered through registered representatives of FINRA (formerly, NASD) associated broker-dealers, who also hold appropriate state insurance licenses. The variable annuities are available to the general public and will be issued to applicants not younger than the legal age to contract or purchase insurance in the state where the contract will be issued for delivery through the oldest owner's or annuitant's 85th birthday. Since the products for these applications are federally registered securities (variable annuities), they are exempt from state readability requirements.

The submitted applications are identical, except that IPV-2161FX does not reference a Guaranteed Account and is for use with variable contracts that do not provide for allocations to a fixed account.

A Statement of Variability has been provided.

The forms were created using fonts of 10 point or greater in the case of logos, addresses, headings. The forms are in final laser printed format, subject only to minor modification in paper size, stock, ink, font style, border, company logo and adaptation to computer printing. The fonts will never be smaller than 10 point.

In addition to the traditional paper format, in some cases, the data gathered on these forms may be transmitted to the home office electronically. For electronic submissions, a signature pad will be used to securely capture, digitize and encrypt the signature of both the applicant and the agent. The signatures thus encrypted will be inalterably linked to the application so they cannot be changed or associated with any other document in any way. A true copy of the completed and executed application will be attached to and become part of the contract.

When the forms and information are input to the computer system, it may result in non-material formatting changes due to the amount of information received; i.e. the size of open narrative sections will vary based on the information supplied by the applicant. The Company will ensure that the formatting will not allow a disclosure to be split from the signature section, and any required fraud warning will always appear on the cover page. While the formatting of this form may vary slightly by applicant, the material and content will remain the same.

Actuarial Materials are not required for this application filing.

If you need further information to complete the review of this filing, I can be contacted via SERFF Notes, email at Vickie.Jerkins@protective.com or tollfree at 1-800-866-3555 ext. 5514.

Company and Contact

Filing Contact Information

Vickie Jerkins, Senior Policy Contract Filing vickie.jerkins@protective.com

SERFF Tracking Number: PRTA-127759174 State: Arkansas
Filing Company: Protective Life Insurance Company State Tracking Number: 50105
Company Tracking Number: VICKIE-2161
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
Product Name: IPV-2161
Project Name/Number: IPV-2161/IPV-2161

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	10/28/2011	10/28/2011

SERFF Tracking Number: PRTA-127759174 *State:* Arkansas
Filing Company: Protective Life Insurance Company *State Tracking Number:* 50105
Company Tracking Number: VICKIE-2161
TOI: A031 Individual Annuities - Deferred Variable *Sub-TOI:* A031.002 Flexible Premium
Product Name: IPV-2161
Project Name/Number: IPV-2161/IPV-2161

Disposition

Disposition Date: 10/28/2011

Implementation Date: 11/28/2011

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PRTA-127759174 State: Arkansas
 Filing Company: Protective Life Insurance Company State Tracking Number: 50105
 Company Tracking Number: VICKIE-2161
 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
 Product Name: IPV-2161
 Project Name/Number: IPV-2161/IPV-2161

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Life & Annuity - Acturial Memo	Approved	No
Supporting Document	Statement of Variability	Approved	Yes
Form	Variable Annuity Application	Approved	Yes
Form	Variable Annuity Application	Approved	Yes

SERFF Tracking Number: PRTA-127759174 State: Arkansas
 Filing Company: Protective Life Insurance Company State Tracking Number: 50105
 Company Tracking Number: VICKIE-2161
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
 Product Name: IPV-2161
 Project Name/Number: IPV-2161/IPV-2161

Form Schedule

Lead Form Number: IPV-2161

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved 10/28/2011	IPV-2161	Application/Variable Annuity Enrollment Application Form	Initial		0.000	IPV-2161.pdf
Approved 10/28/2011	IPV-2161FX	Application/Variable Annuity Enrollment Application Form	Initial		0.000	IPV-2161FX.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 # _____

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 Life Guaranteed Account

- ____ % Guaranteed Account – *Not available with Access XL or if the SecurePay Withdrawal Benefit® is purchased.*
- ____ % 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

<u>Purchase Payment</u>	<u>DCA Allocation</u>	<u>Category 1 - Conservative</u> <i>(Minimum 35% allocation if SecurePay is selected.)</i>	<u>Purchase Payment</u>	<u>DCA Allocation</u>	<u>Category 3 - Aggressive</u> <i>(Maximum 30% allocation if SecurePay is selected.)</i>
____ %	____ %	[Fidelity VIP Investment Grade Bond	____ %	____ %	[Fidelity VIP Contrafund®
____ %	____ %	Franklin U. S. Government	____ %	____ %	Fidelity VIP Growth
____ %	____ %	Lord Abbett Bond Debenture	____ %	____ %	Fidelity Mid Cap
____ %	____ %	OppenheimerFunds Money	____ %	____ %	Franklin Flex Cap Growth
____ %	____ %	OppenheimerFunds Strategic Bond	____ %	____ %	Franklin Small-Mid Cap Growth
____ %	____ %	Van Kampen Government]	____ %	____ %	Goldman Sachs Strategic International Equity
			____ %	____ %	Goldman Sachs Structured Small Cap Equity
			____ %	____ %	Lord Abbett Growth Opportunities
			____ %	____ %	Lord Abbett International
			____ %	____ %	Lord Abbett Mid Cap Value
			____ %	____ %	MFS Growth
			____ %	____ %	MFS New Discovery
____ %	____ %	[Fidelity VIP Equity Income	____ %	____ %	MFS Research
____ %	____ %	Fidelity VIP Freedom 2015 Portfolio	____ %	____ %	MFS Utilities
____ %	____ %	Fidelity VIP Freedom 2020 Portfolio	____ %	____ %	OppenheimerFunds Capital Appreciation
____ %	____ %	Fidelity VIP Index 500	____ %	____ %	OppenheimerFunds Global Securities
____ %	____ %	Franklin Income	____ %	____ %	OppenheimerFunds High Income
____ %	____ %	Franklin Rising Dividends	____ %	____ %	OppenheimerFunds Mid Cap
____ %	____ %	Goldman Sachs Capital Growth	____ %	____ %	Templeton Foreign
____ %	____ %	Goldman Sachs Growth and Income	____ %	____ %	Templeton Global Income Securities
____ %	____ %	Goldman Sachs Structured U. S. Equity	____ %	____ %	Templeton Growth
____ %	____ %	Lord Abbett America's Value	____ %	____ %	Van Kampen Capital Growth
____ %	____ %	Lord Abbett Growth and Income	____ %	____ %	Van Kampen Enterprise
____ %	____ %	Lord Abbett Large Cap Core	____ %	____ %	Van Kampen Mid Cap Growth
____ %	____ %	MFS Investors Growth Stock	____ %	____ %	Van Kampen UIF Global Real Estate
____ %	____ %	MFS Investors Trust	____ %	____ %	Van Kampen UIF International Growth Equity]
____ %	____ %	MFS Total Return			
____ %	____ %	Mutual Shares			
____ %	____ %	OppenheimerFunds Main Street®			
____ %	____ %	Van Kampen Comstock			
____ %	____ %	Van Kampen Growth and Income			
____ %	____ %	Van Kampen UIF Equity & Income]			

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^sm } 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]
___ * [SecurePayR72^sm] ___ * [SecurePayR72^sm] 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

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 # _____

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-127759174 State: Arkansas
 Filing Company: Protective Life Insurance Company State Tracking Number: 50105
 Company Tracking Number: VICKIE-2161
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
 Product Name: IPV-2161
 Project Name/Number: IPV-2161/IPV-2161

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved	10/28/2011
Comments:	Certification for Rule and Regulation 19, 49 and Code 23-79-138 Provided.		

Since the products for these applications are federally registered securities (variable annuities), they are exempt from state readability requirements.

Attachment:
 AR Certification.pdf

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved	10/28/2011
Bypass Reason:	Application submitted in this Filing.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Life & Annuity - Actuarial Memo	Approved	10/28/2011
Bypass Reason:	Actuarial Materials are not required for this application filing.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved	10/28/2011
Comments:			
Attachment:	Statement of Variables.pdf		

PROTECTIVE LIFE INSURANCE COMPANY BIRMINGHAM, ALABAMA

CERTIFICATION OF COMPLIANCE

Arkansas

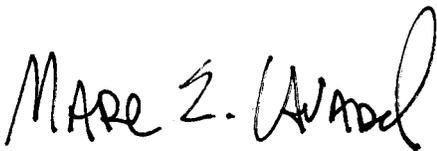
FORM(S): IPV-2161 and IPV-2161FX

This is to certify that the Company is in compliance with Arkansas Insurance Department regarding:

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

Rule and Regulation 49 requirements for Guaranty Association Notice;

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



Marc E. Cavadel, J.D., FLMI, AIRC, AAPA
AVP – Product Development
Protective Life Insurance Company
October 25, 2011

Statement of Variability

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

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.

Specific Variables

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.

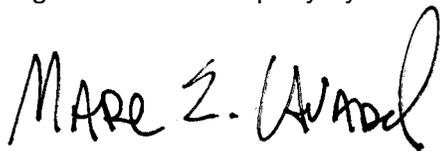
Page 2 – [Sub-Accounts of the Protective Variable Annuity Separate Account]: The sub-accounts shown may be changed from time to time to remain consistent with the selections currently being offered.

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 information contained in this Statement of Variability is true and correct to the best of my knowledge and belief, and that I am duly authorized by the company to make this certification.

Signed for the Company by:



Marc E. Cavadel, J.D., FLMI, AIRC, AAPA
AVP – Product Development
October 24, 2011