

SERFF Tracking Number: TPCI-126924349 State: Arkansas
Filing Company: PHL Variable Insurance Company State Tracking Number: 47858
Company Tracking Number: 10WLRDB
TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
Product Name: Reversionary Annuity
Project Name/Number: /10WLRDB

Filing at a Glance

Company: PHL Variable Insurance Company

Product Name: Reversionary Annuity

TOI: L071 Individual Life - Whole

SERFF Tr Num: TPCI-126924349

State: Arkansas

SERFF Status: Closed-Approved-
Closed

State Tr Num: 47858

Sub-TOI: L071.111 Single Premium - Single Life Co Tr Num: 10WLRDB

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Scott Zweig, Joseph
Bonfitto, Barbara Slater, Jean
Bulger, Jeanie Gagnon, Elizabeth
Stevens, Noreen O'Connell

Disposition Date: 02/03/2011

Date Submitted: 02/02/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number: 10WLRDB

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 02/03/2011

State Status Changed: 02/03/2011

Created By: Elizabeth Stevens

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Elizabeth Stevens

Filing Description:

Re: PHL Variable Insurance Company

NAIC # 93548, FEIN # 06-1045829

For Approval Purposes

Form 10WLRDB– Single Premium Whole Life Insurance Policy

Form WLRDBSP – Single Premium Whole Life Insurance Policy Schedule Pages

Form 10RDBS – Recurring Life Insurance Benefit Rider

Form 10RDBJ – Recurring Life Insurance Benefit Rider

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Form OL4472 – Whole Life Insurance Guaranteed Issue Application
Form OL4516 – Policy Acceptance Form

Dear Sir or Madam:

We are filing the above-referenced forms for approval with your state. The forms are new and 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. The forms will be effective on the date of approval. These forms will be marketed to the general public.

The policy (10WLRDB) is a nonparticipating Single Premium Whole Life Insurance Policy. The death benefit is payable as a lump sum upon the death of the insured. This policy is guaranteed issue and no health related questions are asked and no medical underwriting is conducted. It could be issued both using sex distinct and unisex rates and will be offered in the non-qualified market. The issue age range as well as the minimum surrender values and reserves are specified in the enclosed actuarial memorandum. This product is defined as a non-illustrated form under the NAIC Disclosure Model Regulation and will not be marketed with an illustration.

We are also filing for your approval the contract's schedule pages (WLRDBSP). The schedule pages set forth essential product information such as policy minimums and maximums. Please note that the data that appears in the schedule pages is based on an insured that is age 65 rather than the typical age 35 sample data. This was done in order to provide information relating to an example for an insured that falls within the issue age range for this product.

This submission is for specimen purposes only. Other scenarios, such as election of riders, etc., may generate additional text information in the specifications and tables section of the contract's schedule pages (WLRDBSP). There is currently no intention to offer any riders with this product other than those included with this submission. Text ordinarily bracketed appears in the schedule pages of the policy. See the attached actuarial memorandum and Statement of Variability for a more complete description.

The Recurring Life Insurance Benefit Rider, form 10RDBS, provides a recurring death benefit payment over a specified number of years to the designated rider beneficiary upon the death of the insured. In order to receive the death benefit, the designated rider beneficiary must survive the insured; traditionally, such a life insurance death benefit has been referred to as a reversionary annuity benefit. Payments are made monthly until the end of the payment period or until the death of the beneficiary receiving the payments, whichever occurs first. Presently, the payment period options we plan to offer are five, seven, or ten years. Only one version of the recurring life insurance benefit rider (single - form 10RDBS or joint - form 10RDBJ) may be elected. However, we currently allow up to five riders of the version chosen to be attached to the policy. There are no monthly charges for this rider and it has no cash value.

The Recurring Life Insurance Benefit Rider, form 10RDBJ, provides the same benefit as rider form 10RDBS but in

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addition allows the policy owner to choose a secondary rider beneficiary that would be eligible to receive the recurring death benefit payment if the primary rider beneficiary does not survive the insured. As with 10RDBS, the secondary rider beneficiary must survive the insured in order to receive death benefit payments. Only one version of the recurring life insurance benefit rider (single - form 10RDBS or joint - form 10RDBJ) may be elected. However, we currently allow up to five riders of the version chosen to be attached to the policy. There are no monthly charges for this rider and it has no cash value.

The Application, form OL4472, will be used in guaranteed issue underwriting situations. It has been designed for use with whole life policies, such as policy form 10WLRDB and may be used with any whole life policies that have been previously approved by your Department and any whole life, variable life, term life and universal life insurance policies that the Department approves in the future.

The Policy Acceptance, form OL4516, is used for the insured to acknowledge delivery and receipt of the policy, to attest to the declaration regarding statements made on the date of the application and may also be used to amend the application form. It has been designed for use with whole life, variable life, term life and universal life insurance policies, such as policy form 10WLRDB and may be used with any whole life, variable life, term life and universal life insurance policies that have been previously approved by your Department and any variable life, term life and universal life insurance policies that the Department approves in the future.

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

In addition to those riders included with this submission other addendums, insert pages, application forms and endorsements, including those either previously or subsequently approved, may also be made available with this policy. When riders are elected, they will be referenced in the policy schedule pages as will any table of charges associated with a rider unless such table appears in the rider itself.

Flesch Test: A certification has been included.

Any requisite fees and filing documents have been enclosed.

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 by phone at (860) 403-6308, or by e-mail at joseph.bonfitto@phoenixwm.com.

Sincerely,

Joseph A. Bonfitto
Compliance Associate

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Company and Contact

Filing Contact Information

Joseph Bonfitto, Compliance Associate joseph.bonfitto@phoenixwm.com
 One American Row 860-403-6308 [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
 Annuities
 Hartford, CT 06102 Group Name: State ID Number:
 (860) 403-5000 ext. [Phone] FEIN Number: 06-1045829

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Fee is \$50 for policy and related riders, applications, etc. to be used with the policy.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
PHL Variable Insurance Company	\$50.00	02/02/2011	44323577
PHL Variable Insurance Company	\$250.00	02/03/2011	44348247

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/03/2011	02/03/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	02/03/2011	02/03/2011	Elizabeth Stevens	02/03/2011	02/03/2011

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Disposition

Disposition Date: 02/03/2011

Implementation Date:

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Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	No	No
Supporting Document	Application	No	No
Supporting Document	Life & Annuity - Actuarial Memo	No	No
Supporting Document	Statement of Variability	No	No
Supporting Document	Reg 34 Certification	No	No
Form	Single Premium Whole Life Insurance Policy	No	No
Form	Single Premium Whole Life Policy Schedule Page	No	No
Form	Recurring Life Death Benefit Payment Rider - Single	No	No
Form	Recurring Life Death Benefit Payment Rider - Joint	No	No
Form	Whole Life Insurance Guaranteed Issue Application	No	No
Form	Policy Acceptance Form	No	No

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 02/03/2011
Submitted Date 02/03/2011
Respond By Date 03/03/2011

Dear Joseph Bonfitto,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$250.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 02/03/2011
Submitted Date 02/03/2011

Dear Linda Bird,

Comments:

Response 1

Comments: I apologize! Our filing fees list is out of date. I have submitted an additional \$250.

Thank you so much.

Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$250.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Barbara Slater, Elizabeth Stevens, Jean Bulger, Jeanie Gagnon, Joseph Bonfitto, Noreen O'Connell, Scott Zweig

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Form Schedule

Lead Form Number: 10WLRDB

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	10WLRDB	Policy/Cont ract/Fraternal Certificate	Single Premium Whole Life Insurance Policy	Initial		50.070	AR - 10WLRDB - POLICY - Final .pdf
	WLRDBSP	Schedule Pages	Single Premium Whole Life Policy Schedule Page	Initial		50.070	10WLRDBSP - Schedule Pages - Final .pdf
	10RDBS	Certificate Amendment, Insert Page, Endorsement or Rider	Recurring Life Death Benefit Payment Rider - Single	Initial		58.480	10RDBS - SINGLE RIDER - Final.pdf
	10RDBJ	Certificate Amendment, Insert Page, Endorsement or Rider	Recurring Life Death Benefit Payment Rider - Joint	Initial		50.510	10RDBJ - JOINT RIDER - Final.pdf
	OL4472	Application/ Enrollment Form	Whole Life Insurance Guaranteed Issue Application	Initial		51.290	OL4472 1-3 FINAL wJohnDoe.pdf
	OL4516	Other	Policy Acceptance Form	Initial		55.180	OL 4516 Bracketed FINAL.pdf



PHOENIX

PHL VARIABLE INSURANCE COMPANY

A Stock Company

Insured	[JOHN M. PHOENIX]	Policy Death Benefit	[\$1,000]
Policy Number	[11xxxxx]	Policy Date	[March 1, 2011]
Issue Date	[March 1, 2011]	Plan	[Phoenix LegacyShield Life]

PHL Variable Insurance Company (the "Company") agrees, subject to the conditions and provisions of this policy, to pay the Policy Death Benefit to the Beneficiary in a lump sum upon the death of the Insured if such death occurs while the policy is in force, and to provide the other benefits, rights, and privileges of the policy and any attached riders. The Policy Death Benefit will be payable on receipt at the Main Administrative Office of the Company of due proof of the Insured's death.

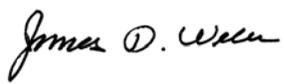
We are issuing the policy in consideration of the application and our receipt of the Single Premium at our Main Administrative Office. The provisions of this and the following pages and any attachments make up your entire contract.

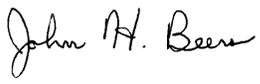
RIGHT TO RETURN THIS POLICY. This policy may be returned within [10/30] days after you receive it for a refund of any premium received, less any loans made under this policy. This policy, and any riders, will be void from its beginning. You may return the policy by delivering or mailing it to us at the address below or by returning it to the agent or agency office through which it was delivered.

Main Administrative Office

PHL Variable Insurance Company
[Life Administration
P.O. Box 8027
Boston, MA 02266-8027
Telephone (800) 541-0171]

Signed for PHL Variable Insurance Company at our Home Office [One American Row, Hartford, Connecticut 06103-2899].

[]
[President]

[]
[Secretary]

READ YOUR POLICY CAREFULLY

It is a legal contract between the Owner and PHL Variable Insurance Company
THIS POLICY IS NOT TRANSFERRABLE OR ASSIGNABLE.

Single Premium Whole Life Insurance Policy
Policy Death Benefit Payable at Death of Insured
Nonparticipating – Not Eligible for Dividends
Benefits, Premium and Riders are shown in Section 1

TABLE OF CONTENTS

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SECTION 3: Definitions

The term “**Age**” means, on any given date, the age of the person in question at his or her last birthday.

The term “**Age 121 Anniversary**” means the Policy Anniversary on or after the Insured's 121st birthday.

The term “**Attained Age**” means, on any given date, the Age at issue plus the number of whole years that have elapsed since the Policy Date.

The term “**Business Day**” means any day that we are open for business.

The term “**Cash Value**” means the applicable value indicated in the Table of Values in Section 2, adjusted for any Policy Debt, including unpaid interest.

The term “**due proof of death**” means a certified death certificate, an order of a court of competent jurisdiction, or any other proof acceptable to us.

The term “**in force**” means the policy is in effect and has not terminated or otherwise gone into default in accordance with the Grace Period provision.

The terms “**in writing**,” “**written notice**,” and “**written request**” mean a written form signed by you, satisfactory to us and received at our Home Office or Main Administrative Office, or such other medium, electronic or otherwise that we may make available.

The term “**Issue Date**” means the date from which the Suicide Exclusion and Incontestability provisions are applied.

The term “**notice**” means that whenever we are required to give notice to you, it shall be deemed given if we mail it to you in a postage-paid envelope mailed by first class mail to the last known address of record from our Main Administrative Office. If you agree, we may also provide notice by an electronic medium.

The term “**Policy Anniversary**” means the same day and month of each year as the Policy Date. If the day does not exist in a month, the last day of the month will be used.

The term “**Policy Beneficiary**” means the beneficiary of the Policy Death Benefit under this policy. The Policy Beneficiary is set forth in the application. Any attached riders may have different beneficiaries.

The term “**Policy Date**” means the date shown in Section 1.

The term “**Policy Death Benefit**” means the lump sum death benefit amount paid to the Policy Beneficiary(ies) upon the death of the Insured under the base policy.

The term “**Policy Debt**” means unpaid loans including any accrued interest.

The term “**Policy Premium**” means that portion of the Single Premium that is allocated to the Policy Death Benefit under this policy. The remaining Single Premium may be allocated to one or more riders as indicated in Section 1.

The term “**Policy Year**” means, with respect to the first Policy Year, the one-year period beginning on the Policy Date up to, but not including, the first Policy Anniversary. Each subsequent Policy Year is the one-year period beginning on a Policy Anniversary up to, but not including, the next Policy Anniversary.

The terms “**we**,” “**us**,” and “**our**” refer only to the Company.

The terms “**you**” and “**your**” refer only to the owner of this policy.

SECTION 4: Qualification as Life Insurance

The provisions of this policy are to be interpreted to ensure or maintain qualification as a life insurance contract for federal income tax purposes, notwithstanding any other provisions of the policy to the contrary. We reserve the right to make any reasonable adjustments to the terms or conditions of this policy; including distributions from the policy to the extent we deem it necessary, if it becomes necessary to maintain federal income tax qualification as life insurance. This provision should not be construed to guarantee that this policy will receive tax treatment as life insurance or that the tax treatment of life insurance will never be changed by the future actions of any tax authority.

Unless the premium was paid solely through funds obtained through a tax-deferred exchange, this single premium policy will be classified as a Modified Endowment Contract (MEC) under the Internal Revenue Code. Lifetime distributions, including loans, from a MEC are includible in taxable income at the time of the distribution; the includible amount is limited to the amount of policy gain. MEC status does not impact the income tax treatment of death benefits. MEC status cannot be changed.

SECTION 5: Policy Death Benefit

The Policy Death Benefit is shown in Section 1. The Policy Death Benefit cannot be changed after the Issue Date. The Policy Death Benefit is paid in a lump sum. Any death benefit payable under a rider will be paid under a supplemental contract issued when a rider death benefit becomes payable.

If the Insured dies while the policy is in force, we will pay the Policy Death Benefit to the Policy Beneficiary upon receipt of due proof of death of the Insured, subject to applicable provisions of the policy.

If the Insured dies on or after the date we receive a written request at our Main Administrative Office from you to surrender the policy, no Policy Death Benefit will be paid. We will pay the amount payable under the Surrender provision instead.

Any outstanding Policy Debt at the time of the Insured's death will be subtracted from the Policy Death Benefit amount payable.

We will pay interest, at the applicable state interest rate, on the Policy Death Benefit as required by applicable state law.

SECTION 6: Coverage At and After Age 121 Anniversary

Coverage under this policy at and after the Age 121 Anniversary is subject to the conditions specified below.

Policy Death Benefit

The Policy Death Benefit will be determined as specified above, except as follows:

- The Cash Value will equal the Policy Death Benefit immediately prior to the Age 121 Anniversary.
- The Policy Death Benefit will equal [101%] of the Cash Value.

Loan interest will continue to be charged if there is an outstanding loan on the Age 121 Anniversary. Other provisions of the policy including the Loans provision will still be in effect. Subject to the Grace Period provision, the policy will go into default if Policy Debt exceeds the Cash Value.

SECTION 7: Premiums

No insurance under this policy will take effect until we approve issuance of this policy and the conditions specified in the application form have been satisfied, including our receipt of the Single Premium shown in Section 1.

If a payment is received prior to the Policy Date, it will be processed as if received on the Policy Date.

SECTION 8: Grace Period

This policy and any riders will go into default if at any time Policy Debt exceeds Cash Value. A Grace Period of 31 days from the date the policy goes into default will be allowed for the repayment of Policy Debt. Such repayment must be equal to the entire Policy Debt.

If the necessary payments have not been received by the end of the Grace Period, the policy and any riders will terminate.

If the Insured dies during the Grace Period and while the policy is in default, we will deduct from the Policy Death Benefit to the extent possible all outstanding Policy Debt, including interest, due and unpaid as of the date of the Insured's death.

SECTION 9: Policy Termination

This policy will terminate automatically on the earliest of:

- (1) The date the Insured dies;
- (2) The date the Grace Period expires without the payment of sufficient funds as provided in Section 8; or
- (3) The date the policy is surrendered for its Cash Value.

Unless a rider specifically states otherwise, no riders will be in effect after the policy terminates.

SECTION 10: Reinstatement

If this policy terminates in accordance with Section 9(2), you may reinstate this policy while the Insured is alive within three years from the date the policy goes into default, as is described in Section 8.

The policy cannot be reinstated if it has been surrendered for its Cash Value.

It also cannot be reinstated if the date of reinstatement would be on or after the Age 121 Anniversary.

We will not approve a request for reinstatement until we receive at our Main Administrative Office all of the following:

- (1) A written request for reinstatement; and
- (2) Payment of any Policy Debt, including any outstanding interest, as of the date of termination.

The required payment must be made within 60 days after the date we receive a written request for reinstatement.

SECTION 11: Loans

While this policy is in force and sufficient loan value is available, a loan may be obtained by written request. If the policy is classified as a MEC for tax purposes (see Section 4), a loan may result in current taxable income.

To obtain a loan, we may require a loan agreement from you, since the policy is the only security for the loan. If there is a rider to this policy under which there is a surviving irrevocable beneficiary, we require the written consent of each such beneficiary to the loan.

We may defer loans as provided by law or as provided in Section 22.

Loans may not be taken if the policy is in the Grace Period as described in Section 8.

Unpaid interest on loans may cause the policy to go into default, and termination of the policy will cause any riders to terminate. Therefore, you should consult a financial advisor prior to taking a loan against the policy.

Available Loan Amount

The Available Loan Amount is as indicated in Section 1.

Loan Interest Charged

Loan interest will accrue on a daily basis from the date of the loan, and is payable in arrears on each Policy Anniversary and on the date the loan is settled. Loans will be charged interest at a rate equal to the Guaranteed Policy Loan Interest Rate shown in Section 1. In the event that you do not pay the loan interest charged in a Policy Year, such amount will be added to the Policy Debt on the Policy Anniversary.

Loan Repayment

You may repay the Policy Debt in whole or in part at any time prior to the death of the Insured and while the policy is in force.

SECTION 12: Surrender

Surrender of the Policy

Prior to the death of the Insured and while this policy is in force, you may request, in writing, to surrender this policy for its Cash Value. If there is a rider to this policy under which there is a surviving irrevocable beneficiary, we require the written consent of each such beneficiary to the surrender request.

We will process the request and pay the Cash Value only if we have not received due proof that the Insured died prior to the Surrender Date. The Surrender Date is the first Business Day following receipt at our Main Administrative Office of your written request for surrender of the policy and the policy itself. Such written request must be in a form satisfactory to us, and must include a release and surrender of all claims under this policy signed by you and any surviving irrevocable beneficiaries, as well as any tax withholding information as we may reasonably require.

Upon surrender, any riders will terminate and all benefits provided by any rider under this policy will terminate.

We may defer payment of the Cash Value as provided by law or as provided in Section 22.

If the surrender is requested within 30 days after a Policy Anniversary, the Cash Value shall not be less than the Cash Value on the Policy Anniversary less any Policy Debt, including unpaid interest, incurred since the Policy Anniversary. The Cash Value can never be less than zero.

SECTION 13: Basis of Computations

All of the values under this policy are equal to or exceed the minimums required on the Policy Date by the state in which this policy was delivered or issued for delivery. The method of computation of the values under this policy has been filed as may be required with the Insurance Department of the state in which this policy was delivered or issued for delivery. For further details, please see Section 2.

SECTION 14: Owner and Policy Beneficiary(ies)

The Insured is the Owner of this policy, unless otherwise provided in the application. Neither the Insured nor the Owner may be changed.

While the Insured is living, the Owner may exercise all rights provided by this policy or allowed by us. Consent of any Policy Beneficiary not irrevocably named is not required. If there is a rider to this policy under which there is a surviving irrevocable beneficiary, we reserve the right to request the consent of each such rider beneficiary to the Owner's actions. If there is no surviving Policy Beneficiary upon the death of the Insured, you will be the Policy Beneficiary, but if you were the Insured, your estate will be the Policy Beneficiary. Policy Beneficiaries may, but need not, be beneficiaries under any attached riders that permit the designation of rider beneficiaries.

Any Policy Death Benefit that becomes payable will be paid to the Policy Beneficiaries as stated in the application, as later changed or in equal shares to such Policy Beneficiaries if no such designation has

been made.

Unless otherwise stated, any identification of a Policy Beneficiary by reference to a relationship will be considered to be that person's relationship to the Insured. Payments will be made successively in the following order:

- (a) Primary Policy Beneficiaries;
- (b) Contingent Policy Beneficiaries, if any, provided no Primary Policy Beneficiary is living at the death of the Insured;
- (c) You, or if not living, your executor or administrator, provided no Primary or Contingent Policy Beneficiary is living at the death of the Insured, or in the absence of a Policy Beneficiary designation.

You may change the Policy Beneficiary by written notice filed with us at our Main Administrative Office. When we receive it, the change will take effect as of the date it was signed by you. However, the change will be subject to any payments made or actions taken by us before we received the notice at our Main Administrative Office.

SECTION 15: Assignment

This policy may not be transferred or assigned, in whole or in part, on or after the Policy Date.

SECTION 16: Misstatements

If the age or sex of the Insured has been misstated, we will adjust the Policy Death Benefit and any other benefit to that which would have been purchased at the correct age and sex.

SECTION 17: Suicide Exclusion

If the Insured, whether sane or insane, dies by suicide within two years from the Issue Date, or within two years from any reinstatement of the policy, and while the policy is in force, this policy, and any attached riders, will automatically terminate. No benefits will be paid under the policy or any riders.

Our liability shall be limited to payment of an amount equal to the Single Premium paid for this policy, and any attached riders, less any Policy Debt, including unpaid interest owed us.

SECTION 18: Incontestability

This policy shall be incontestable after it has been in force during the lifetime of the Insured for two years from the Issue Date, except as required by state law. In the case of reinstatement, this policy shall be incontestable after it has been in force during the lifetime of the Insured for two years from the date of reinstatement.

While insurance is contestable, we may either rescind the insurance or deny a claim on the basis of:

1. A misstatement in the application for this policy; or
2. A misstatement in the reinstatement application if there has been a reinstatement of this policy.

SECTION 19: The Entire Contract

The written application for the policy is attached at issue. This policy, including the Schedule Pages, any riders, amendments, or endorsements to it, and the application for it, constitute the entire contract between you and us.

We rely on all statements made by or for the Insured in the written application. Each statement made in an application will, in the absence of fraud, be deemed a representation and not a warranty. No statement will be used to void this policy or in defense of a claim under this policy unless:

1. It is contained in the application; and
2. A copy of that application is attached to this policy when issued or made a part of this policy when changes become effective.

We reserve the right to make any change to the provisions of this policy to comply with, or give you the

benefit of, any federal or state statute, rule or regulation, including but not limited to requirements for life insurance policies under the Internal Revenue Code or of any state. We will provide you with a copy of any such change, and file such a change if required under applicable state law.

Any change in the provisions of the policy, including modifying the policy, waiving any of its conditions, or making an agreement for the Company, to be in effect, must be in writing and signed by one of our executive officers. We have the right to correct any clerical errors in this policy, or in our administration of the policy.

SECTION 20: Annual Statement

Within 30 days after each Policy Anniversary, we will send you, without charge, a report for the preceding Policy Year, which includes:

1. The current Cash Value and Policy Death Benefit;
2. Any outstanding loans, new loans and loan repayments made during the year; and
3. Any other information required by applicable law in the state in which this policy was delivered.

SECTION 21: Claims of Creditors

To the extent allowed by law, the proceeds under this policy shall not be subject to the claims of creditors and shall be exempt from legal process, levy or attachment. These proceeds and payments may not be assigned or withdrawn before becoming payable without our agreement.

SECTION 22: Right to Defer Payment of Benefits

We reserve the right to defer payment of the Policy Death Benefit, Cash Value and policy loans, for up to six months, except when used to make a premium payment for another policy issued by us.



**Single Premium Whole Life Insurance Policy
Policy Death Benefit Payable at Death of Insured
Nonparticipating – Not Eligible for Dividends
Benefits, Premium and Riders are shown in Section 1**

SECTION 1: Schedule Pages

POLICY NUMBER: [11xxxx]

Specifications

Insured: [John M. Phoenix]
Insured's Age at Policy Date: [65]
Insured's Sex: [Male]
Plan: [Phoenix LegacyShield Life]

Owner: [John M. Phoenix]
Policy Beneficiary: As designated in the application
Policy Date: [March 1, 2011]
Issue Date: [March 1, 2011]

Policy Death Benefit: \$[1,000]

Premiums

Single Premium: \$ [100,000]
Policy Premium: \$[800]

Loans

Guaranteed Policy Loan Interest Rate: [8]%
Available Loan Amount: [50%] of Cash Value

Rider Information

Rider	Rider Beneficiary	Rider Issue Date	Rider Premium	Rider Charge	Rider Expiry Date
[10RDBJ - Recurring Life Insurance Death Benefit	Mary Phoenix	March 1, 2011	\$54,000	N/A	N/A]
[10RDBS - Recurring Life Insurance Death Benefit	Sam Phoenix	March 1, 2011	\$45,200	N/A	N/A]]

SECTION 2: Table of Values

POLICY NUMBER: [11xxxxx]

Table of Guaranteed Values

The table below shows certain values of this policy that are guaranteed, provided:

1. The Single Premium as shown in Section 1 has been paid as agreed in the application;
2. No Loans are outstanding against the policy.

Upon request, we will furnish values for dates and ages not shown in the table.

Issue Age [65]

End of Policy Year	Cash Value
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
At Age[121]	

Basis of Calculations: 2001 Commissioners' Standard Ordinary Mortality Smoker Composite Ultimate Sex Distinct Table (Age Last Birthday) for the Insured's Sex, Age, and 4% effective annual interest rate.

If this policy is issued on a Unisex basis, we will use the 2001 Commissioners' Standard Ordinary Mortality Smoker Composite Ultimate 80% Male/20% Female Table (Age Last Birthday) Age, and 4% effective annual interest rate. If this policy is issued on a unisex basis any reference to the Insured's sex in this policy is deleted.



PHL VARIABLE INSURANCE COMPANY
A Stock Company

RECURRING LIFE INSURANCE DEATH BENEFIT PAYMENT RIDER

This rider is a part of the policy to which it is attached in consideration of the application and the Rider Premium paid for this rider as described below. This rider provides a death benefit payment as more fully explained below. Except as stated in this rider, it is subject to all of the provisions contained in the policy.

THIS LIFE INSURANCE RIDER IS NON-TRANSFERRABLE, NON-ASSIGNABLE AND NON-SURRENDERABLE. THIS RIDER HAS NO CASH VALUE.

THE RIDER BENEFICIARY NAMED IS PERMANENTLY IRREVOCABLE.

RIDER SPECIFICATIONS

Policy Number:	[11XXXXX]
Insured:	[John M. Phoenix]
Age of Insured on Rider Date:	[65]
Sex of Insured on Rider Date:	[Male]
Rider Date:	[March 1, 2011]
Rider Premium:	[\$38,000]
Rider Beneficiary:	[Sam Phoenix]
Age of Rider Beneficiary on Rider Date:	[55]
Sex of Rider Beneficiary on Rider Date:	[Male]
Death Benefit Payment Amount:	[\$899]
Death Benefit Payment Period:	[84 months]
Payment Mode:	[Monthly]

DEFINITIONS

The term “**Business Day**” means any day that we are open for business.

The term “**Death Benefit Payment Amount**” means the amount of recurring life insurance death benefit which may be payable in installments at the beginning of each Payment Mode during the Death Benefit Payment Period to the Rider Beneficiary under the terms of this rider.

The term “**Death Benefit Payment Period**” means the period during which the recurring life insurance death benefit may be payable under the terms of this rider. The Death Benefit Payment Period and first Payment Mode begin on the date of Insured’s death.

The term “**Rider Anniversary**” means the same day and month of each year as the Rider Date. If the day does not exist in a month, the last day of the month will be used.

The term “**Rider Beneficiary**” means the person, if alive on the date of the Insured’s death, who is eligible to receive death benefit payments under this rider.

The term “**Rider Date**” is the date indicated in the Rider Specifications.

The term “**Rider Premium**” means the portion of the total Single Premium that is allocated to this rider. The Rider Premium is shown in the Rider Specifications. No further premium payments can be made to the rider.

The term “**Rider Year**” means, with respect to the first Rider year, the one-year period beginning on the Rider Date up to, but not including, the first Rider Anniversary. Each subsequent Rider Year is the one-year period beginning on a Rider Anniversary up to, but including, the next Rider Anniversary.

GENERAL

The Insured is the individual named as Insured under the policy. The Insured cannot be changed under the terms of the policy.

The Rider Beneficiary named above, need not be the same as the Policy Beneficiary. The Rider Beneficiary cannot be changed at any time or under any circumstance after the Rider Date.

Death Benefit Payments

Upon death of the Insured, if the Rider Beneficiary is alive, the Rider Beneficiary is eligible to begin receiving death benefit payments equal to the Death Benefit Payment Amount. Death benefit payments will continue to be paid at the beginning of each Payment Mode until the earlier of the end of the Death Benefit Payment Period or the death of the Rider Beneficiary.

If the Rider Beneficiary has died before the date of the Insured’s death, no death benefit payments will be paid.

Before making any death benefit payments, we will require due proof of the Insured’s death at our Main Administrative Office in a manner and form satisfactory to us. We will begin death benefit payments within [30] days of receipt of such proof. Death benefit payments are paid under a supplemental contract issued after satisfactory proof of death of the insured and survival of the Rider Beneficiary. If any death benefit payment falls due on a Non-Business Day or a date that does not occur in a given month, we will use the previous Business Day.

Before making any payment to the Rider Beneficiary, we will require evidence of the identity, age and sex and continued survival of the Rider Beneficiary in a manner and form satisfactory to us. Additional information may be necessary from the Rider Beneficiary to process the claim. We reserve the right to periodically request reasonable continuing information relating to survival of the Rider Beneficiary during the Death Benefit Payment Period in order to continue to receive Death Benefit Payments.

Death benefit payments may not be modified or accelerated and have no cash value.

There are no lump sum death benefits payable upon the death of the Rider Beneficiary. Death of the Rider Beneficiary terminates death benefit payments, as of the date of the death of the Rider Beneficiary.

Misstatements

The death benefit payments under this rider are based, in part, upon the Rider Premium, the Insured’s age and sex on the Rider Date and the Rider Beneficiary’s age and sex on the Rider Date.

If the age or sex of the Insured or Rider Beneficiary has been misstated, we will adjust the Death Benefit Payment Amount to that which would have been purchased at the correct age and sex. If age or sex has been misstated, we reserve the right to make payments based upon the correct information. Any payment made in good faith fully discharges us to the extent of the payment.

Reinstatement

If at any time the policy to which this rider is attached terminates, this rider also terminates as set forth below. However, if under the terms of the policy to which this rider is attached, the policy is reinstated, this rider is also reinstated.

Conformity with Law

If any provision of this rider is in conflict with the laws of the state that govern this rider, the provision of the rider will be deemed to be amended to conform to such laws.

Termination of the Rider

This Rider terminates, without value, upon the earliest of the following events:

1. Termination of the policy;
2. During the lifetime of the Insured, when the Rider Beneficiary dies;
3. After the death of the Insured but prior to the end of the Death Benefit Payment Period, upon the death of the Rider Beneficiary;
4. The end of the Death Benefit Payment Period.

PHL Variable Insurance Company

[*John H. Beers*]

[Secretary]



PHL VARIABLE INSURANCE COMPANY
A Stock Company

RECURRING LIFE INSURANCE DEATH BENEFIT PAYMENT RIDER

This rider is a part of the policy to which it is attached in consideration of the application and the Rider Premium paid for this rider as described below. This rider provides a death benefit payment as more fully explained below. Except as stated in this rider, it is subject to all of the provisions contained in the policy.

**THIS LIFE INSURANCE RIDER IS NON-TRANSFERRABLE, NON-ASSIGNABLE,
AND NON-SURRENDERABLE. THIS RIDER HAS NO CASH VALUE**

**THE RIDER BENEFICIARY AND SECONDARY RIDER BENEFICIARY NAMED ARE PERMANENTLY
IRREVOCABLE.**

RIDER SPECIFICATIONS

Policy Number:	[11XXXXX]
Insured:	[John M. Phoenix]
Age of Insured on Rider Date:	[65]
Sex of Insured on Rider Date:	[Male]
Rider Date:	[March 1, 2011]
Rider Premium:	[\$54,000]
Rider Beneficiary:	[John M Phoenix Jr.]
Age of Rider Beneficiary on Rider Date:	[55]
Sex of Rider Beneficiary on Rider Date:	[Male]
Death Benefit Payment Amount:	[\$473]
Secondary Rider Beneficiary:	[Mary Q. Phoenix]
Age of Secondary Rider Beneficiary on Rider Date:	[42]
Sex of Secondary Rider Beneficiary on Rider Date:	[Female]
Secondary Death Benefit Payment Amount:	[\$472]
Death Benefit Payment Period:	[84 months]
Payment Mode:	[Monthly]

DEFINITIONS

The term “**Business Day**” means any day that we are open for business.

The term “**Death Benefit Payment Amount**” means the amount of recurring life insurance death benefit which may be payable in installments at the beginning of each Payment Mode during the Death Benefit Payment Period to the Rider Beneficiary under the terms of this rider.

The term “**Death Benefit Payment Period**” means the period during which the recurring life insurance death benefit may be payable under the terms of this rider. The Death Benefit Payment Period and first Payment Mode begin on the date of Insured’s death.

The term “**Rider Anniversary**” means the same day and month of each year as the Rider Date. If the day does not exist in a month, the last day of the month will be used.

The term **“Rider Beneficiary”** means the person, if alive on the date of the Insured’s death, who is eligible to receive death benefit payments under this rider.

The term **“Rider Date”** is the date indicated in the Rider Specifications.

The term **“Rider Premium”** means the portion of the total Single Premium that is allocated to this rider. The Rider Premium is shown in the Rider Specifications. No further premium payments can be made to the rider.

The term **“Rider Year”** means, with respect to the first Rider year, the one-year period beginning on the Rider Date up to, but not including, the first Rider Anniversary. Each subsequent Rider Year is the one-year period beginning on a Rider Anniversary up to, but including, the next Rider Anniversary.

The term **“Secondary Death Benefit Payment Amount”** means the amount of recurring life insurance death benefit which may be payable in installments at the beginning of each Payment Mode during the Death Benefit Payment Period to the Secondary Rider Beneficiary under the terms of this rider.

The term **“Secondary Rider Beneficiary”** means the person who is eligible, if alive on the date of the Insured’s death, to receive the secondary death benefit payment under this rider if the Rider Beneficiary has died prior to the Insured.

GENERAL

The Insured is the individual named as Insured under the policy. The Insured cannot be changed under the terms of the policy.

Neither the Rider Beneficiary nor the Secondary Rider Beneficiary named above need be the same as the Policy Beneficiary. Neither the Rider Beneficiary nor the Secondary Rider Beneficiary can be changed at any time or in any circumstance after the Rider Date.

Death Benefit Payments

This rider has a Rider Beneficiary and a Secondary Rider Beneficiary. At most, only one of the Rider Beneficiary or Secondary Rider Beneficiary will receive death benefit payments under this rider. Upon death of the Insured, eligibility to receive death benefit payments is determined as follows:

- If the Rider Beneficiary is alive, the Rider Beneficiary is eligible to begin receiving death benefit payments equal to the Death Benefit Payment Amount. Death benefit payments will continue to be paid at the beginning of each Payment Mode until the earlier of the end of the Death Benefit Payment Period or the death of the Rider Beneficiary. The Secondary Rider Beneficiary will not receive any death benefit payments.
- If the Rider Beneficiary has died before the date of the Insured’s death and the Secondary Rider Beneficiary is alive, the Secondary Rider Beneficiary is eligible to begin receiving death benefit payments equal to the Secondary Death Benefit Payment Amount. Death benefit payments will continue to be paid at the beginning of each Payment Mode until the earlier of the end of the Death Benefit Payment Period or the death of the Secondary Rider Beneficiary. The Rider Beneficiary will not receive any death benefit payments.
- If both the Rider Beneficiary and Secondary Rider Beneficiary have died before the date of the Insured’s death, no death benefit payments will be paid.

Before making any death benefit payments to the Rider Beneficiary or the Secondary Rider Beneficiary, we will require due proof of the Insured’s death at our Main Administrative Office in a manner and form satisfactory to us. Before making any death benefit payments to the Secondary Rider Beneficiary we will also require due proof in a manner and form satisfactory to us at our Main Administrative Office that the Rider Beneficiary predeceased the Insured. We will begin death benefit payments within [30] days of receipt of such proof. Death benefit payments are paid under a supplemental contract issued after satisfactory proof of death of the insured and survival of the Rider Beneficiary or the Secondary Rider Beneficiary. If any death benefit payment falls due on a Non-Business Day or a date that does not occur in a given month, we will use the previous Business Day.

Before making any payment to the Rider Beneficiary, we will require evidence in a manner and form satisfactory to us of the identity, age and sex and continued survival of the Rider Beneficiary. Additional information may be necessary from the Rider Beneficiary to process the death benefit claim. We reserve the right to periodically request reasonable continuing information relating to survival of the Rider Beneficiary during the Death Benefit Payment Period in order to continue to receive Death Benefit Payments.

Before making any payment to the Secondary Rider Beneficiary, we will require evidence in a manner and form satisfactory to us of the identity, age and sex and continued survival of the Secondary Rider Beneficiary. Additional information may be necessary from the Secondary Rider Beneficiary to process the death benefit claim. We reserve the right to periodically request reasonable continuing information relating to survival of the Rider Beneficiary during the Death Benefit Payment Period in order to continue to receive Death Benefit Payments.

Death benefit payments may not be modified or accelerated and have no cash value.

There are no lump sum death benefits payable upon the death of the Rider Beneficiary or Secondary Rider Beneficiary. Death of the Rider Beneficiary or Secondary Rider Beneficiary, as applicable, terminates death benefit payments, as of the date of the death of the Rider Beneficiary or Secondary Rider Beneficiary.

Misstatements

The death benefit payments under this rider are based, in part, upon the Rider Premium, the Insured's age and sex on the Rider Date, the Rider Beneficiary's age and sex on the Rider Date, and the Secondary Rider Beneficiary's age and sex on the Rider Date.

If the age or sex of the Insured, Rider Beneficiary or Secondary Rider Beneficiary has been misstated, we will adjust the Death Benefit Payment Amount and/or the Secondary Death Benefit Amount to that which would have been purchased at the correct age and sex. If age or sex have been misstated, we reserve the right to make payments based upon the correct information. Any payment made in good faith fully discharges us to the extent of the payment.

Reinstatement

If at any time the policy, to which this rider is attached terminates, this rider also terminates as set forth below. However, if under the terms of the policy to which this rider is attached, the policy is reinstated, this rider is also reinstated.

Conformity with Law

If any provision of this Rider is in conflict with the laws of the state that govern this rider, the provision of the rider will be deemed to be amended to conform to such laws.

Termination of the Rider

This rider terminates, without value, upon the earliest of the following events:

1. Termination of the policy;
2. During the lifetime of the Insured, when the last to die between the Rider Beneficiary and the Secondary Rider Beneficiary dies;
3. After the death of the Insured, upon the death of the Rider Beneficiary or the Secondary Rider Beneficiary, whoever is receiving the death benefit payments.
4. The end of the Death Benefit Payment Period.

PHL Variable Insurance Company

[]

[Secretary]



PHL Variable Insurance Company (Phoenix)

Regular Mail: [PO Box 8027 Boston MA 02266-8027]

Overnight Mail: [30 Dan Road, Suite 8027 Canton MA 02021-2809]

Whole Life Insurance Guaranteed Issue Application

Section 1 - Proposed Insured/Owner Information

Print and use black ink. Any changes must be initialed by the Proposed Insured/Owner.

Form for Section 1 containing personal information: Name (John J. Doe), Sex (M), Date of Birth (02/13/1951), Social Security Number (333-44-5555), Marital Status (Divorced), Birth State (TX), Birth Country (U.S.), U.S. Citizen (Yes), Residence Street Address (217 16th Avenue), City (San Antonio), State (TX), ZIP Code (12342), Home Phone # (616) 765-4321, Work Phone # (616) 123-4567, Cellular Phone # (712) 345-6789, Current Employer (XYZ Savings and Loan), Years of Service (12), Current/Former Occupation (Branch Manager), Employer Street Address (8888 22nd Avenue), City (San Antonio), State (TX), ZIP Code (44443), Employer's Phone # (616) 989-7686, Email Address (Jdoe@xyzsavings.com).

Section 2 - Secondary Addressee

Secondary Party for purpose of: [] Notification of possible lapse in coverage [] Telephone access to policy information (NOTE: Documentation of Power of Attorney is necessary for any party other than the owner to authorize policy transactions.)

Form for Section 2: Name (First, Middle, Last) _____, Relationship to Owner _____, Street Address _____, City _____, State _____, ZIP Code _____

Section 3 - Policy Beneficiary Designation

Note: Policy Beneficiary(ies) indicated below will receive the policy death benefit. Rider beneficiaries are named in Section 7 or Section 8.

Table with 7 columns: Beneficiary Name - (First, Middle, Last) AND Address - (Include Apt #, Street, City, State and ZIP Code), Beneficiary Designation (Select ONE per beneficiary), Sex, Date of Birth (mm/dd/yyyy), Social Security / Tax ID Number, Relationship to Proposed Insured/Owner, Percentage Must total 100 %. Rows include James J. Doe (50%) and Jesse D. Doe (50%).

Section 4 - Single Premium

Check made payable to "Phoenix."

Amount of Single Premium \$ 230,000

Section 5 - Replacements

1. a. Do you plan to replace (in whole or in part) now or in the future any existing life insurance or annuity contract with this policy? Yes No
(If "Yes", provide details below and complete appropriate replacement form)
- b. Do you plan to utilize values from any existing life insurance policy or annuity contract (through loans, surrenders or otherwise) to pay initial premium for this policy? Yes No
(If "Yes", provide details below and complete appropriate replacement form)
- c. Are there any life insurance policies or annuity contracts owned by, or on the life of, the applicant, or the insured, or the owner, or the annuitant? Yes No
(If "Yes", complete appropriate replacement form)

Company Name	Policy/Contract Number

Section 6 - Coverage Applied for

Plan of Insurance
 [Phoenix LegacyShield Life] Face Amount \$ 1,000.

Section 7 - Riders/Features

Must select either Single Life or Joint Life Option.

Single Life Option n
 Number of riders 1 (enter [1-5])
 Temporary Life Death Benefit Payout Period: (**check one** that will apply to all Single Life Option riders)
 [5 Years] 7 Years 10 Years]

Irrevocable Rider Beneficiary Designation						
Name - (First, Middle, Last) AND Address - (Include Apt #, Street, City, State and ZIP Code)	Sex	Date of Birth (mm/dd/yyyy)	Social Security / Tax ID Number	Relationship to Proposed Insured/Owner	Percentage of Rider Premium Must total 100%	
Rider 1. James J. Doe 123 44th Ave. San Antonio, TX 12344	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	04/21/1976	222-33-8888	<input type="checkbox"/> Federal Spouse <input checked="" type="checkbox"/> Child <input type="checkbox"/> Civil Union Partner <input type="checkbox"/> Other _____	50 %	
Rider 2. Jesse D. Doe 345 Maple Ave. San Antonio, TX 12345	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	11/02/1979	111-44-9999	<input type="checkbox"/> Federal Spouse <input checked="" type="checkbox"/> Child <input type="checkbox"/> Civil Union Partner <input type="checkbox"/> Other _____	50 %	
Rider 3.	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Federal Spouse <input type="checkbox"/> Child <input type="checkbox"/> Civil Union Partner <input type="checkbox"/> Other _____	_____ %	
Rider 4.	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Federal Spouse <input type="checkbox"/> Child <input type="checkbox"/> Civil Union Partner <input type="checkbox"/> Other _____	_____ %	
Rider 5.	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Federal Spouse <input type="checkbox"/> Child <input type="checkbox"/> Civil Union Partner <input type="checkbox"/> Other _____	_____ %	

Section 8 - Riders/Features (continued)

Joint Life Option

Number of riders _____ (enter [1-5])

Temporary Life Death Benefit Payout Period: (check one that will apply to all Joint Life Option riders)

[5 Years 7 Years 10 Years]

Irrevocable Rider Beneficiary Designation - One primary rider beneficiary and one secondary rider beneficiary **MUST** be named for each rider.

Name - (First, Middle, Last) AND Address - (Include Apt #, Street, City, State and ZIP Code)	Sex	Date of Birth (mm/dd/yyyy)	Social Security / Tax ID Number	Relationship to Proposed Insured/Owner	Percentage of Rider Premium Must total 100%
Rider 1 Primary.	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Federal Spouse <input type="checkbox"/> Child <input type="checkbox"/> Civil Union Partner <input type="checkbox"/> Other _____	
Rider 1 Secondary.	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Federal Spouse <input type="checkbox"/> Child <input type="checkbox"/> Civil Union Partner <input type="checkbox"/> Other _____	_____ %
Rider 2 Primary.	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Federal Spouse <input type="checkbox"/> Child <input type="checkbox"/> Civil Union Partner <input type="checkbox"/> Other _____	
Rider 2 Secondary.	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Federal Spouse <input type="checkbox"/> Child <input type="checkbox"/> Civil Union Partner <input type="checkbox"/> Other _____	_____ %
Rider 3 Primary.	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Federal Spouse <input type="checkbox"/> Child <input type="checkbox"/> Civil Union Partner <input type="checkbox"/> Other _____	
Rider 3 Secondary.	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Federal Spouse <input type="checkbox"/> Child <input type="checkbox"/> Civil Union Partner <input type="checkbox"/> Other _____	_____ %
Rider 4 Primary.	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Federal Spouse <input type="checkbox"/> Child <input type="checkbox"/> Civil Union Partner <input type="checkbox"/> Other _____	
Rider 4 Secondary.	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Federal Spouse <input type="checkbox"/> Child <input type="checkbox"/> Civil Union Partner <input type="checkbox"/> Other _____	_____ %
Rider 5 Primary.	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Federal Spouse <input type="checkbox"/> Child <input type="checkbox"/> Civil Union Partner <input type="checkbox"/> Other _____	
Rider 5 Secondary.	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Federal Spouse <input type="checkbox"/> Child <input type="checkbox"/> Civil Union Partner <input type="checkbox"/> Other _____	_____ %

Section 9 - Fraud Notices

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.

Arkansas, Louisiana, Massachusetts, Rhode Island - 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.

District of Columbia - WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

Kentucky, Pennsylvania - 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 and subjects such person to criminal and civil penalties

New Jersey - Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico - 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 civil fines and criminal penalties.

Ohio - Any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against any 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 any insurance policy/contract containing any false incomplete or misleading information is guilty of a felony.

Texas - Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Tennessee, Washington - It is a crime to 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.

Virginia - 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 false or deceptive statement may have violated the state law.

Section 10 - Additional Information

Section 11 - Signature

I have reviewed this Application, and the statements made herein are those of the Proposed Insured/Owner and all such statements made by the Proposed Insured/Owner in this Application (if applicable) are full, complete and true to the best of my knowledge and belief and have been correctly recorded. I understand that 1) no statement made to or information acquired by any Licensed Producer who takes this Application shall bind Phoenix unless stated in this Application and 2) no Licensed Producer has authority to make, modify, alter or discharge any contract thereby applied for. I understand and agree that the insurance applied for shall not take effect unless and until each of the following has occurred: 1) the policy has been issued by Phoenix; 2) the premium required for issuance of the policy has been paid in full during the lifetime of the Proposed Insured/Owner; 3) all of the representations made in the Application remain true, complete and accurate as of the date the policy is delivered and 4) the Proposed Insured/Owner is alive when the policy is delivered.

Under penalty of perjury, I confirm that 1) the Social Security or Tax Identification Number shown is correct, and 2) that I am not subject to back-up withholding.

I understand that this contract will be classified as a modified endowment contract (MEC) under the Internal Revenue Code and that any loans or distributions may be taxable when taken.

Proposed Insured/Owner's Signature 	State Signed In TX	Date (mm/dd/yyyy) 04/25/2011
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Section 12 - Producer Statement

- Will the proposed owner or insured replace (in whole or in part) any existing life insurance or annuity contract with the policy applied for? Yes No
- Will the proposed owner or insured utilize values from another insurance policy (through loans, surrenders or otherwise) to pay for the initial or subsequent premium(s) for the policy applied for? Yes No
- Are there any life insurance policies or annuity contracts owned by or on the life of the applicant(s) or the insured(s) or the owner(s) or the annuitant? Yes No

The Producer hereby confirms he/she has truly and accurately recorded on the Application the information supplied by the Proposed Insured; is not aware of any discrepancies or misrepresentations in the recorded information; and that he/she is qualified and authorized to discuss the contract herein applied for.

Producer's Name (Print First, Middle, Last)		Producer's Address		Producer's I.D. #	
Adam A. Agent		12 Main, San Antonio, TX 12346		01-111222333	
Producer's Signature 			Producer's Telephone #		Date (mm/dd/yyyy) % Share
			(616) 123- 6899		04/25/2011
Producer's Name (Print First, Middle, Last)		Producer's Address		Producer's I.D. #	
Producer's Signature			Producer's Telephone #		Date (mm/dd/yyyy) % Share
			() -		
Firm's Name	Firm's Address	Firm's Telephone #	Select Commission Option, if applicable.		
First Agency	12 Main, San Antonio, TX 12346	(616) 123- 6890	[<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3]		



PHL Variable Insurance Company (Phoenix)
 One American Row
 PO Box 5056
 Hartford CT 06102-5056
 Underwriting Service Center

**Policy/Contract Delivery Receipt
 for Guaranteed Issue**

Policy/Contract Number:	Insured's Name:
Agent's Name:	Firm's Name:

Section I - To be completed when the policy is delivered. (Return to New Business Division)

Declaration: The Insured declares that the representations made in the application remain full, complete and true as of this date.
 The Insured must attest to the above declaration before the policy may be delivered or put in force. If any Insured cannot attest to the above statement please check the appropriate box in Section II and return the policy/contract to the Home Office at the address in Section III.

[**Amendments:** The application for policy/contract number _____ is amended as follows:]

It is agreed that the declaration and amendments contained in this form are part of the application and shall be part of the policy.

Section II - To be completed if policy/contract not taken. (Return policy and form to the mailing address located below in Section III)

Reason the policy/contract returned:
 Not taken
 Could not attest to declarations above

Section III - Mailing instructions for return of the Policy/Contract Delivery Receipt

Fax #: [816-527-0053]
Email: pnx.newbusiness@phoenixwm.com
Regular Mail: Phoenix, [P.O. Box 8027, Boston, MA 02266-8027]
Overnight Mail: Phoenix, [30 Dan Road, Suite 8027, Canton, MA 02021-2809]

Section IV - To be completed when policy is delivered.

This certifies that as the policy owner, (Check ONE only):
 I have received delivery of the insurance policy listed above, which includes a Statement of Policy Cost and Benefit Information.
 I have received delivery of the insurance policy listed above, which includes a Statement of Policy Cost and Benefit Information, and authorized _____ to hold such policy on my behalf.

Insured's Signature	State Signed In	Witness Signature - Must be signed in presence of Insured	Date (mm/dd/yyyy)
Owner's Signature (if other than Insured)	State Signed In	Witness Signature - Must be signed in presence of Owner	Date (mm/dd/yyyy)

ATTENTION AGENT: Original to Underwriting and Issue - Yellow to Agent - Pink to remain with policy

SERFF Tracking Number: TPCI-126924349

State: Arkansas

Filing Company: PHL Variable Insurance Company

State Tracking Number: 47858

Company Tracking Number: 10WLRDB

TOI: L071 Individual Life - Whole

Sub-TOI: L071.111 Single Premium - Single Life

Product Name: Reversionary Annuity

Project Name/Number: /10WLRDB

Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

AR flesch cert 10WLRDB.pdf

Item Status:

Status

Date:

Satisfied - Item: Statement of Variability

Comments:

Attachment:

Medicaid WL FINAL Statement of Variability 2-2-2011.pdf

Item Status:

Status

Date:

Satisfied - Item: Reg 34 Certification

Comments:

Attachment:

AR Reg 34 certif 10WLRDB.pdf

**ARKANSAS
CERTIFICATION**

FORM NO.	10WLRDB
FORM TITLE	Single Premium Whole Life Insurance Policy
FLESCH SCORE	50.07*
FORM NO.	WLRDBSP
FORM TITLE	Single Premium Whole Life Policy Schedule Pages
FLESCH SCORE	50.07*
FORM NO.	10RDBJ
FORM TITLE	Recurring Life Death benefit Payment Rider
FLESCH SCORE	50.51
FORM NO.	10RDBS
FORM TITLE	Recurring Life Death benefit Payment Rider
FLESCH SCORE	58.48
FORM NO.	OL4472
FORM TITLE	Application
FLESCH SCORE	51.29
FORM NO.	OL4516
FORM TITLE	Policy Acceptance Form
FLESCH SCORE	55.18

* Forms 10WLRDB and WLRDBSP were scored together as one document.

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 have achieved Flesch Reading Ease scores in compliance with Arkansas Code 23-80-206.

PHL Variable Insurance Company

Signature: 
Name: Joseph Bonfitto
Title: Compliance Associate
Date: January 24, 2011

Statement of Variability – Phoenix FamilyShield Single Premium Whole Life Insurance Policy (10WLRDB and WLRDBSP)

This Statement of Variability sets forth the variable information appearing in brackets in filed forms **10WLRDB (Single Premium Whole Life Insurance Policy)** and **WLRDBSP (Policy Schedule Pages)**. No change in variability will be made which in any way expands the scope of the wording being changed.

Cover Page

We have bracketed the Company officer signatures to indicate that officer names may change.

We have bracketed both addresses on this page and the Customer Service telephone number to indicate that they may change.

Insured: The name of the Insured will appear in this field.

Policy Number: The unique number for each policy will appear in this field.

Issue Date: The date from which contestability and suicide are measured will appear in this field.

Policy Death Benefit: The Death Benefit payable under this policy will appear in this field. This amount may range from a minimum of \$1,000 to a maximum of \$75,000,000.

Policy Date: The date from which Policy Years and Policy Anniversaries are measured will appear in this field.

Plan: The marketing name for this product will appear in this field.

Right to Return This Policy: The number of days in which the policy may be returned is bracketed to indicate that the number may differ depending on whether or not the policy was issued as new business or as the result of a replacement. If the policy was issued as new business, the number of days that appears will be that which your state then requires for new business. Alternatively, if the policy was issued as the result of a replacement, the number of days that appears will be that which your state then requires for replacements. Should your state's requirements change in the future, the number of days will change accordingly.

Section 1 - 1st Schedule Page

Policy Number: The unique number for each policy will appear in this field.

Specifications

Insured: The name of the Insured will appear in this field.

Insured's Age at Policy Date: The age of the Insured on the Policy Date will appear in this field.

Insured's Sex: The sex of the Insured will appear in this field.

Plan: The marketing name for the policy will appear in this field.

Owner: The name of the owner will appear in this field.

Policy Date: The date from which Policy Years and Policy Anniversaries are measured will appear in this field.

Issue Date: The date from which contestability and suicide are measured will appear in this field.

Policy Death Benefit: The Death Benefit payable under this policy will appear in this field. This amount may range from a minimum of \$1,000 to a maximum of \$75,000,000.

Premiums

Single Premium: The amount of premium that has been selected by the owner and is intended to be paid will appear in this field.

Policy Premium: The portion of the Single Premium allocated for the payment of the policy will appear in this field.

Loans

Guaranteed Policy Loan Interest Rate: This policy loan interest rate for this policy is fixed. This field is bracketed to indicate that it could change for new issues only and could range from 0% to 8%. Changes in this variable for new issues will be based on our anticipation of future investment earnings, mortality, persistency, expense and administrative costs, and taxes. Any change in rate will be determined prospectively. We will not distribute past gains or recoup prior losses, if any, by changing the rates. Any changes would be for new issues only, and will be administered on a uniform, non-discriminatory basis.

Available Loan Amount: The percentage of the cash value that may be taken as a loan will appear in this field. Should we change this amount it would be for new issues only, would be administered on a uniform, non-discriminatory basis, and could range from 0% to 100%. In addition should your state's requirements change in the future, this percentage will change accordingly for new issues of this policy.

Rider Information

This section is bracketed to indicate that it (the section) will not appear if the owner does not elect a rider. In addition, this section is bracketed to indicate that additional riders or endorsements may be added in the future. Any new riders or endorsements that we plan to use with this form will be filed separately and not used until approved (if filing and prior approval are required). Currently, the only riders being made available with the policy are the two shown in this section. The following descriptions apply to the Rider Charges for the riders listed on this page:

10RDBJ – Recurring Life Insurance Benefit Rider: There is no charge for this rider however a portion of the Single Premium will be allocated to this rider and will appear in this table.

10RDBS – Recurring Life Insurance Benefit Rider: There is no charge for this rider however a portion of the Single Premium will be allocated to this rider and will appear in this table.

Section 2 - 2nd Schedule Page

Policy Number: The unique number for each policy will appear in this field.

Table of Guaranteed Values

Issue Age: The age of the Insured on the Issue Date will appear in this field.

The Cash Value that is guaranteed at the end of each Policy Year will appear in this table. We have also bracketed the sample age that will appear in the table. An age will always appear in this field.

Section 6: Coverage at and After Age 121 Anniversary – Page 6

Policy Death Benefit: The percentage of the cash value that will equal the policy death benefit on the age 121 anniversary will appear in this field. This field is bracketed to indicate that it could change and could range from 100% to 200%. Any changes would be for new issues only, and will be administered on a uniform, non-discriminatory basis.

Statement of Variability – Recurring Life Insurance Benefit Rider (10RDBJ)

This Statement of Variability sets forth the variable information which will appear in brackets in form **10RDBJ (Recurring Life Insurance Benefit Rider)**. No change in variability will be made which in any way expands the scope of the wording being changed.

Policy Number: The unique number for each policy will appear in this field.

Insured: The name of the Insured will appear in this field.

Age of Insured on Rider Date: The age of the Insured on the Rider Date will appear in this field.

Sex of Insured on Rider Date: The sex of the Insured on the Rider Date will appear in this field.

Rider Date: The date the rider is issued will appear in this field.

Rider Premium: The portion of the Single Premium allocated for the payment of the rider will appear in this field.

Rider Beneficiary: The name of the Rider Beneficiary will appear in this field.

Age of Rider Beneficiary on Rider Date: The age of the Rider Beneficiary on the Rider Date will appear in this field.

Sex of Rider Beneficiary on Rider Date: The sex of the Rider Beneficiary on the Rider Date will appear in this field.

Death Benefit Payment Amount: The amount that may be paid to the Rider Beneficiary as each installment during the Death Benefit Payment Period will appear in this field.

Secondary Rider Beneficiary: The name of the Secondary Rider Beneficiary will appear in this field.

Age of Secondary Rider Beneficiary on Rider Date: The age of the Secondary Rider Beneficiary on the Rider Date will appear in this field.

Sex of Secondary Rider Beneficiary on Rider Date: The sex of the Secondary Rider Beneficiary on the Rider Date will appear in this field.

Secondary Death Benefit Payment Amount: The amount that may be paid to the Secondary Rider Beneficiary as each installment during the Death Benefit Payment Period will appear in this field.

Death Benefit Payment Period: The period over which the Death Benefit Payment Amount will be made will appear in this field. We currently offer a choice of 5, 7 or 10 years which is expressed in the rider as the number of months applicable for the period of years chosen. However we would like to reserve the right to offer additional periods in the future that could fall within a range of 1-30 years. Should we make any change in the periods offered it would be for new issues only and would be administered on a uniform, non-discriminatory basis.

Payment Mode: The mode by which death benefit payments will be made will appear in this field. The mode is currently Monthly but additional modes including Bi-Monthly, Annually, Semi-Annually and

Quarterly may be offered in the future. If additional modes are offered they will be offered for new issues only and would be administered on a uniform, non-discriminatory basis.

General

Death Benefit Payments: The number of days that apply to when we will begin death benefit payments has been bracketed in this provision. Currently these payments will be made within 30 days of our receipt of due proof of death. However we would like to reserve the right to change the number of days in the future. If the number of days change they will be changed for new issues only and on a uniform non-discriminatory basis.

Page 3

The officer's signature and title are bracketed. They will only be changed should the name or title of the officer signing this form change.

Statement of Variability – Recurring Life Insurance Benefit Rider (10RDBS)

This Statement of Variability sets forth the variable information which will appear in brackets in form **10RDBS (Recurring Life Insurance Benefit Rider)**. No change in variability will be made which in any way expands the scope of the wording being changed.

Policy Number: The unique number for each policy will appear in this field.

Insured: The name of the insured will appear in this field.

Age of Insured on Rider Date: The age of the Insured on the Rider Date will appear in this field.

Sex of Insured on Rider Date: The sex of the Insured on the Rider Date will appear in this field.

Rider Date: The date the rider is issued will appear in this field.

Rider Premium: The portion of the Single Premium allocated for the payment of the rider will appear in this field.

Rider Beneficiary: The name of the Rider Beneficiary will appear in this field.

Age of Rider Beneficiary on Rider Date: The age of the Rider Beneficiary on the Rider Date will appear in this field.

Sex of Rider Beneficiary on Rider Date: The sex of the Rider Beneficiary on the Rider Date will appear in this field.

Death Benefit Payment Amount: The amount that may be paid to the Rider Beneficiary as each installment during the Death Benefit Payment Period will appear in this field.

Death Benefit Payment Period: The period over which the Death Benefit Payment Amount will be made will appear in this field. We currently offer a choice of 5, 7 or 10 years. However we would like to reserve the right to offer additional periods in the future that could fall within a range of 1-30 years which is expressed in the rider as the number of months applicable for the period of years chosen. Should we make

any change in the periods offered it would be for new issues only and would be administered on a uniform, non-discriminatory basis.

Payment Mode: The mode by which death benefit payments will be made will appear in this field. The mode is currently Monthly but additional modes including Bi-Monthly, Annually, Semi-Annually and Quarterly may be offered in the future. If additional modes are offered they will be offered for new issues only and would be administered on a uniform, non-discriminatory basis.

General

Death Benefit Payments: The number of days that apply to when we will begin death benefit payments has been bracketed in this provision. Currently these payments will be made within 30 days of our receipt of due proof of death. However we would like to reserve the right to change the number of days in the future. If the number of days change they will be changed for new issues only and on a uniform non-discriminatory basis.

Page 3

The officer's signature and title are bracketed. They will only be changed should the name or title of the officer signing this form change.

Statement of Variability – Application for Whole Life Insurance Guaranteed Issue (OL4472)

This Statement of Variability sets forth the variable information which will appear in brackets in application form **OL4472**. No change in variability will be made which in any way expands the scope of the wording being changed.

Page 1 of 5

Section Headings: All section headings (e.g., Section 1 – Proposed Insured/Owner Information) have been bracketed to indicate that the section numbers could change in the future if it is necessary to add or remove any sections.

Company Addresses: Each address shown in the application has been bracketed to indicate that it may either change or an additional address may be added in the future.

Section 1 – Proposed Insured / Owner Information: Citizenship information has been bracketed to indicate this information may be removed in the future if no longer required. If it is deleted, it will be done so on a non-discriminatory basis.

Page 2 of 5

Section Headings: All section headings (e.g., Section 1 – Proposed Insured/Owner Information) have been bracketed to indicate that the section numbers could change in the future if it is necessary to add or remove any sections.

Section 6 – Coverage Applied for: The plan of insurance is bracketed to indicate that the name of the product may change and/or additional products may be added in the future, or the product currently offered may no longer be offered.

Section 7 – Riders and Features: The riders have been bracketed to indicate that additional riders or endorsements may be added in the future, or riders currently offered may no longer be offered. However, no riders will be added to this form unless they have been previously approved by your Department, if approval is required.

The number of riders allowed has been bracketed to indicate that in the future we may want to change the number of each type of rider that may be elected under a single policy. If we were to change the number of riders allowed it could range from 1-10 riders. Should we make any change in the number of riders it would be for new issues only and would be administered on a uniform, non-discriminatory basis.

We have also bracketed the Death Benefit Payout Period elections. We currently offer a choice of either 5, 7 or 10 years. However we would like to reserve the right to offer additional choices in the future that could fall within a range of 1-30 years. Should we make any change in the periods offered it would be for new issues only and would be administered on a uniform, non-discriminatory basis.

Page 3 of 5

Section Headings: All section headings (e.g., Section 1 – Proposed Insured/Owner Information) have been bracketed to indicate that the section numbers could change in the future if it is necessary to add or remove any sections.

Section 8 – Riders and Features (Continued): The riders have been bracketed to indicate that additional riders or endorsements may be added in the future, or riders currently offered may no longer be offered. However, no riders will be added to this form unless they have been previously approved by your Department, if approval is required.

The number of riders allowed has been bracketed to indicate that in the future we may want to change the number of each type of rider that may be elected under a single policy. If we were to change the number of riders allowed it could range from 1-10 riders. Should we make any change in the number of riders it would be for new issues only and would be administered on a uniform, non-discriminatory basis.

We have also bracketed the Death Benefit Payout Period elections. We currently offer a choice of either 5, 7 or 10 years. However we would like to reserve the right to offer additional choices in the future that could fall within a range of 1-30 years. Should we make any change in the periods offered it would be for new issues only and would be administered on a uniform, non-discriminatory basis.

Page 4 of 5

Section Headings: All section headings (e.g., Section 1 – Proposed Insured/Owner Information) have been bracketed to indicate that the section numbers could change in the future if it is necessary to add or remove any sections.

Section 9 – Fraud Notices: The “Fraud” language has been bracketed to indicate that it may change in the event state-specific requirements / terminology change.

Page 5 of 5

Section Headings: All section headings (e.g., Section 1 – Proposed Insured/Owner Information) have been bracketed to indicate that the section numbers could change in the future if it is necessary to add or remove any sections.

Section 12 – Producer Statement: The list of available commission options is bracketed to indicate that one or more of the options may not be available. Additional options may be added, and/or the options may be modified.

Statement of Variability – Policy Acceptance Form (OL4516)

This Statement of Variability sets forth the variable information which will appear in brackets in form **OL4516 (Policy Acceptance Form)**. No change in variability will be made which in any way expands the scope of the wording being changed.

Section I - Amendments: The section of the form is bracketed to clarify information on the application which may be unique to each applicant. Information such as the name of the client's attending physician, the answers to questions left blank, the name and relationship for the beneficiary and/or owner or a change in the plan or amount are examples which may appear in the space allocated for amendments.

Section III – Fax # and Addresses : The Fax # and each address shown in the application has been bracketed to indicate that it may either change or an additional address may be added in the future.

**ARKANSAS
CERTIFICATION**

FORM NO.	10WLRDB
FORM TITLE	Single Premium Whole Life Insurance Policy
FORM NO.	WLRDBSP
FORM TITLE	Single Premium Whole Life Policy Schedule Pages
FORM NO.	10RDBJ
FORM TITLE	Recurring Life Death Benefit Payment Rider - Joint
FORM NO.	10RDBS
FORM TITLE	Recurring Life Death Benefit Payment Rider - Single
FORM NO.	OL4472
FORM TITLE	Application
FORM NO.	OL4516
FORM TITLE	Policy Acceptance Form

I hereby certify the following:

- To the best of my knowledge and belief, the above form(s) and submission complies with Arkansas Regulation 34.
- The attached forms comply with ACA 23-79-138 and Bulletin 11-83.

Signature: _____

Name: Joseph Bonfitto
Title: Compliance Associate
Date: January 18, 2011

Signature: _____

Name: Scott Maramo, FSA, MAAA
Title: Second Vice President Life & Annuity Product Implementation & Product Manager
Date: January 20, 2011