

SERFF Tracking Number:	TPCI-128015383	State:	Arkansas
Filing Company:	PHL Variable Insurance Company	State Tracking Number:	
Company Tracking Number:	10TIW2		
TOI:	A071 Individual Annuities - Special	Sub-TOI:	A071.001 Equity Indexed
Product Name:	10TIW2		
Project Name/Number:	/		

Filing at a Glance

Company: PHL Variable Insurance Company

Product Name: 10TIW2

TOI: A071 Individual Annuities - Special

Sub-TOI: A071.001 Equity Indexed

Filing Type: Form

SERFF Tr Num: TPCI-128015383

SERFF Status: Closed-Approved

Co Tr Num: 10TIW2

Authors: Scott Zweig, Joseph

Bonfitto, Barbara Slater,

zSERFFStaff zIndustrySupportCM,

Jeanie Gagnon, Elizabeth Stevens,

Noreen O'Connell, Colleen Lyons,

Marlene Burghardt

Date Submitted: 01/31/2012

State: Arkansas

State Tr Num:

State Status: Approved-Closed

Reviewer(s): Donna Lambert

Disposition Date: 02/02/2012

Disposition Status: Approved

Implementation Date: 03/02/2012

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Scott Zweig

Filing Description:

For Approval Purposes

Form 10NHW2 – Nursing Home Waiver Amendment

Form 10TIW2 – Terminal Illness Waiver Amendment

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Forms will not be used in CT, our state of domicile.

Market Type: Individual

Individual Market Type:

Filing Status Changed: 02/02/2012

State Status Changed: 02/02/2012

Created By: Elizabeth Stevens

Corresponding Filing Tracking Number:

We are filing the above-referenced forms for approval with the Department. The forms are filed in accordance with the applicable standards of the jurisdiction and are laser printed, subject only to minor variations in paper stock, color, fonts,

SERFF Tracking Number: TPCI-128015383 State: Arkansas
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duplexing, positioning and pagination. These forms are new and are not intended to replace existing forms. The forms will be effective on the date of approval. These forms will be marketed to the general public.

Form 10NHW2, a nursing home waiver amendment, if issued with the Premium Bonus version of the contract, will provide a waiver of surrender charges if the Owner meets specified criteria. This amendment is substantially similar to another form previously approved by your Department on 8/04/2010 (10NHW; SERFF # TPCI-126614914; State Tracking # 459710). A tracked version of this form, showing the differences from the previously approved version has been included for your convenience. There is no charge for this amendment and it is not an option selected at the time of application. The company may decide to offer or cease offering this feature for new issues at any time.

Form 10TIW2, a terminal illness waiver amendment, if issued with the Premium Bonus version of the contract, will provide a waiver of surrender charges if the Owner meets specified criteria. This amendment is substantially similar to another form previously approved by your Department on 8/04/2010 (10TIW; SERFF # TPCI-126614914; State Tracking # 459710). A tracked version of this form, showing the differences from the previously approved version has been included for your convenience. There is no charge for this amendment and it is not an option selected at the time of application. The company may decide to offer or cease offering this feature for new issues at any time.

These amendments will be offered with form 10FIA, a Modified Single Premium Deferred Fixed Indexed Annuity contract with an optional Premium Bonus, previously approved by your Department on 08/04/2010 (SERFF # TPCI-126614914; State Tracking # 459710) as well as any other contract approved in the future.

This submission, including values, is for specimen purposes only. Other scenarios may generate additional text information in the specifications section.

Text ordinarily bracketed appears in the specifications sections of the forms. See the attached Statement of Variability for a more complete description. 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 at 1-860/403-5951, by fax at (860) 403-7225 or by e-mail at scott.zweig@phoenixwm.com.

Sincerely,

Scott Zweig
Director, State Compliance

Company and Contact

SERFF Tracking Number: TPCI-128015383 State: Arkansas
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Filing Contact Information

Scott Zweig, Director scott.zweig@phoenixwm.com
 One American Row 860-403-5951 [Phone]
 Hartford, CT 06102 860-403-5296 [FAX]

Filing Company Information

PHL Variable Insurance Company CoCode: 93548 State of Domicile: Connecticut
 One American Row Group Code: 403 Company Type: Life Insurance and
 Hartford, CT 06102 Group Name: Annuities
 (860) 403-5000 ext. [Phone] FEIN Number: 06-1045829 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: 2 forms at \$50 per form: \$100 total
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
PHL Variable Insurance Company	\$100.00	01/31/2012	55950267

SERFF Tracking Number: TPCI-128015383

State: Arkansas

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Product Name: 10TIW2

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	02/02/2012	02/02/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	02/01/2012	02/01/2012

Response Letters

Responded By	Created On	Date Submitted
Elizabeth Stevens	02/02/2012	02/02/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Tracked versions of forms	Elizabeth Stevens	02/02/2012	02/02/2012

SERFF Tracking Number: TPCI-128015383 State: Arkansas
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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	Yes
Supporting Document	Statement of Variability	Approved	Yes
Supporting Document	Tracked versions of forms	Approved	Yes
Form	Terminal Illness Waiver Amendment	Approved	Yes
Form	Nursing Home Waiver Amendment	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 02/01/2012
Submitted Date 02/01/2012
Respond By Date 03/01/2012

Dear Scott Zweig,

This will acknowledge receipt of the captioned filing.

I did not find the tracked versions mentioned in your Filing Description. Were they omitted in error?

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 02/02/2012
Submitted Date 02/02/2012

Dear Donna Lambert,

Comments:

Thank you for your note.

Response 1

Comments: I created an amendment and attached the tracked versions to the Supporting Documentation tab.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

I apologize for the oversight.

Sincerely,

Barbara Slater, Colleen Lyons, Elizabeth Stevens, Jeanie Gagnon, Joseph Bonfitto, Marlene Burghardt, Noreen O'Connell, Scott Zweig, zSERFFStaff zIndustrySupportCM

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Project Name/Number: /

Amendment Letter

Submitted Date: 02/02/2012

Comments:

I've amended this filing to attach the tracked versions of submitted forms.

Thank you!

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Tracked versions of forms

Comment:

10NHW2 1-4-12 tracked.pdf

10TIW2 1-4-12 tracked.pdf

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Form Schedule

Lead Form Number: 10TIW2

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 02/02/2012	10TIW2	Policy/Cont	Terminal Illness ract/Fratern Waiver Amendment al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.970	10TIW2 1-19- 12 FINAL.pdf
Approved 02/02/2012	10NHW2	Policy/Cont	Nursing Home ract/Fratern Waiver Amendment al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.320	10NHW2 1- 19-12 FINAL.pdf



TERMINAL ILLNESS WAIVER AMENDMENT

This amendment is attached to and made a part of the contract identified below. Except as stated in this amendment, it is subject to all of the provisions contained in the contract. The amendment becomes effective on the Issue Date.

SPECIFICATIONS

Owner:	[John Doe]
Contract Number:	[13000000]
Issue Date	[January 1, 2010]
Terminal Illness Period:	[6 months]
Waiting Period:	[1 Year]

The term “**Terminal Illness Period**” means the time period within which the illness or condition is expected to result in the Owner’s death.

Terminal Illness Waiver

Prior to the Maturity Date, you may take a withdrawal or surrender, adjusted by any applicable Market Value Adjustment and Non-Vested Premium Bonus (if applicable), without a Surrender Charge, provided that:

1. more than the Waiting Period has elapsed since the Issue Date, and
2. we receive proof, satisfactory to us of the Owner’s Terminal Illness. If the Owner is a non-natural person, this waiver will be based on proof, satisfactory to us of the Annuitant’s Terminal Illness. Terminal Illness is defined as an illness or condition that is expected to result in the Owner’s death within the Terminal Illness Period, shown above.

A licensed physician, who is not the Owner or a member of the Owner’s family, must provide evidence satisfactory to us of the Owner’s Terminal Illness. We reserve the right to obtain a second medical opinion from a physician of our choosing at our expense. In the event of a discrepancy, the medical opinion of our physician will be controlling.

If a claim to exercise this waiver is denied by us, proceeds will not be disbursed until you are notified of the denial and provided with the opportunity to accept or reject the proceeds, reduced by any applicable Surrender Charges.

Termination

Any of the following events will result in the termination of this benefit without prejudice towards any surrender charges waived while the benefit was in force:

- a.) the date the owner requests, in writing to terminate this amendment;
- b.) the date the contract to which this amendment is attached terminates.

PHL Variable Insurance Company

[*John H. Beers*]

[Secretary]



NURSING HOME WAIVER AMENDMENT

This amendment is attached to and made a part of the contract identified below. Except as stated in this amendment, it is subject to all of the provisions contained in the contract. The amendment becomes effective on the Issue Date.

SPECIFICATIONS

Owner:	[John Doe]
Contract Number:	[13000000]
Issue Date	[January 1, 2010]
Elimination Period:	[90 consecutive days]
Prior Confinement Period:	[1 Year period prior to the Issue Date]
Nursing Home Period:	[1 Year]
Request Period:	[2 Years]

The term “**Elimination Period**” means the minimum period of time which an Owner must be confined to a “Licensed Nursing Home” (as defined below) for the Nursing Home Waiver to be exercised.

Nursing Home Waiver

Prior to the Contract Maturity Date, you may take a withdrawal or surrender, adjusted by any applicable Market Value Adjustment and Non-Vested Premium Bonus (if applicable), without a Surrender Charge, provided that:

- a. more than the Nursing Home Period has elapsed since the Issue Date, and
- b. the surrender or withdrawal is requested within the Request Period of the Owner's admission into a Licensed Nursing Home Facility, and
- c. the Owner has been confined to a Licensed Nursing Home Facility for at least the preceding Elimination Period.
- d. the Owner was not confined to a Licensed Nursing Home Facility during the Prior Confinement Period.

A **Licensed Nursing Home Facility** is defined as a state licensed hospital or state licensed skilled or intermediate care nursing facility at which medical treatment is available on a daily basis. You must provide us with satisfactory evidence of confinement by written notice.

Claim Procedure

You must provide us with evidence of confinement satisfactory to us by written notice to be delivered at the offices of our company. Once we receive evidence of confinement, we will send you a claim form within 10 working days. After the claim form has been completed and returned to us and the claim approved, we will send the requested proceeds to you.

If you do not provide evidence of confinement satisfactory to us and the claim is denied, proceeds will not be disbursed until you are notified of the denial and provided with the opportunity to accept or reject the proceeds, reduced by any applicable Surrender Charges.

Termination

Any of the following events will result in the termination of this benefit without prejudice towards any surrender charges waived while the benefit was in force:

- a.) the date the owner requests, in writing to terminate this amendment;
- b.) the date the contract to which this amendment is attached terminates.

PHL Variable Insurance Company

[*John H. Beers*]

[Secretary]

SERFF Tracking Number: TPCI-128015383

State: Arkansas

Filing Company: PHL Variable Insurance Company

State Tracking Number:

Company Tracking Number: 10TIW2

TOI: A071 Individual Annuities - Special

Sub-TOI: A071.001 Equity Indexed

Product Name: 10TIW2

Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR certifications - 10TIW2.pdf	Approved	02/02/2012

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Not applicable. Comments:	Approved	02/02/2012

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Actuarial Memo Bypass Reason: Not applicable. Comments:	Approved	02/02/2012

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability Comments: Attachment: SOV - 10TIW2 and 10NHW2_FINAL.pdf	Approved	02/02/2012

	Item Status:	Status Date:
Satisfied - Item: Tracked versions of forms Comments: Attachments: 10NHW2 1-4-12 tracked.pdf	Approved	02/02/2012

SERFF Tracking Number: TPCI-128015383

State: Arkansas

Filing Company: PHL Variable Insurance Company

State Tracking Number:

Company Tracking Number: 10TIW2

TOI: A071 Individual Annuities - Special

Sub-TOI: A071.001 Equity Indexed

Product Name: 10TIW2

Project Name/Number: /

10TIW2 1-4-12 tracked.pdf

ARKANSAS CERTIFICATION

FORM NO.	10TIW2
FORM TITLE	Terminal Illness Waiver Amendment
FLESCH SCORE	50.32
FORM NO.	10NHW2
FORM TITLE	Nursing Home Waiver Amendment
FLESCH SCORE	50.97

I hereby certify the following:

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

PHL Variable Insurance Company

Signature: 
Name: Scott Zweig
Title: Director, Product & Regulatory Compliance
Date: 01/25/2012

Statement of Variability

Forms 10TIW2 and 10NHW2

This Statement of Variability sets forth the variable information which will appear in brackets in forms **10TIW2 (Terminal Illness Waiver Amendment)** and **10NHW2 (Nursing Home Waiver Amendment)**. No change in variability will be made which in any way expands the scope of the wording being changed.

Form 10TIW2

Owner: The Owner's name will appear in this field.

Contract Number: The unique number for each contract will appear in this field.

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

Terminal Illness Period: The length of the Terminal Illness Period, will appear in this field. Should we change the length of this period, it would be for new issues only and could range from 1 month to 36 months.

Waiting Period: The length of time which must elapse from the Issue Date in order to be eligible to exercise the Terminal Illness Waiver will appear in this field. Should we change this length of time, it would be for new issues only and could range from 6 months to 5 years.

We have placed brackets around the Company officer signatures to indicate that the officer names may change in the future.

Form 10NHW2

Owner: The Owner's name will appear in this field.

Contract Number: The unique number for each contract will appear in this field.

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

Elimination Period: The minimum period of time, in days, which an Owner must be confined to a Licensed Nursing Home for the Nursing Home Waiver to be exercised will appear in this field. Should we change the length of this period, it would be for new issues only and could range from 0 to 365 days.

Prior Confinement Period: The period of time prior to the Issue Date which an Owner must not have been confined to a Licensed Nursing Home in order to be eligible for the Nursing Home Waiver will appear in this field. Should we change this length of time, it would be for new issues only and could range from 30 days to 5 years.

Nursing Home Period: The length of time which must elapse from the Issue Date in order to be eligible to exercise the Nursing Home Waiver will appear in this field. Should we change this length of time, it would be for new issues only and could range from 6 months to 5 years.

Request Period: The length of time, measured from the Owner's admission into the Licensed Nursing Home Facility, within which the request to exercise the benefit must be submitted to the Company will appear in this field. Should we change this length of time, it would be for new issues only and could range from 6 months to 5 years.

We have placed brackets around the Company officer signatures to indicate that the officer names may change in the future.



NURSING HOME WAIVER AMENDMENT

This amendment is attached to and made a part of the contract identified below. Except as stated in this amendment, it is subject to all of the provisions contained in the contract. The amendment becomes effective on the Issue Date.

SPECIFICATIONS

Owner:	[John Doe]
Contract Number:	[13000000]
Issue Date	[January 1, 2010]
Elimination Period:	[90 consecutive days]
Prior Confinement Period:	[1 Year period prior to the Issue Date]
Nursing Home Period:	[1 Year]
Request Period:	[2 Years]

The term “**Elimination Period**” means the minimum period of time which an Owner must be confined to a “Licensed Nursing Home” (as defined below) for the Nursing Home Waiver to be exercised.

Nursing Home Waiver

Prior to the Contract Maturity Date, you may take a withdrawal or surrender, adjusted by any applicable Market Value Adjustment and Non-Vested Premium Bonus (if applicable), without a Surrender Charge, Premium Bonus Recapture Charge (if applicable) or recovery of the Non-Vested Premium Bonus (if applicable), provided that:

- a. more than the Nursing Home Period has elapsed since the Issue Date, and
- b. the surrender or withdrawal is requested within the Request Period of the Owner's admission into a Licensed Nursing Home Facility, and
- c. the Owner has been confined to a Licensed Nursing Home Facility for at least the preceding Elimination Period.
- d. the Owner was not confined to a Licensed Nursing Home Facility during the Prior Confinement Period.

A **Licensed Nursing Home Facility** is defined as a state licensed hospital or state licensed skilled or intermediate care nursing facility at which medical treatment is available on a daily basis. You must provide us with satisfactory evidence of confinement by written notice.

Claim Procedure

You must provide us with evidence of confinement satisfactory to us by written notice to be delivered at the offices of our company. Once we receive evidence of confinement, we will send you a claim form within 10 working days. After the claim form has been completed and returned to us and the claim approved, we will send the requested proceeds to you.

If you do not provide evidence of confinement satisfactory to us and the claim is denied, proceeds will not be disbursed until you are notified of the denial and provided with the opportunity to accept or reject the proceeds, reduced by any applicable Surrender Charges, Premium Bonus Recapture Charges (if applicable) and Non-Vested Premium Bonus (if applicable.)

Termination

Any of the following events will result in the termination of this benefit without prejudice towards any surrender charges waived while the benefit was in force:

- a.) the date the owner requests, in writing to terminate this amendment;
- b.) the date the contract to which this amendment is attached terminates.

PHL Variable Insurance Company

[*John H. Beers*]

[Secretary]



TERMINAL ILLNESS WAIVER AMENDMENT

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SPECIFICATIONS

Owner:	[John Doe]
Contract Number:	[13000000]
Issue Date	[January 1, 2010]
Terminal Illness Period:	[6 months]
Waiting Period:	[1 Year]

The term “**Terminal Illness Period**” means the time period within which the illness or condition is expected to result in the Owner’s death.

Terminal Illness Waiver

Prior to the Maturity Date, you may take a withdrawal or surrender, adjusted by any applicable Market Value Adjustment and Non-Vested Premium Bonus (if applicable), without a Surrender Charge, Premium Bonus Recapture Charge (if applicable) or recovery of the Non-Vested Premium Bonus (if applicable), provided that:

1. more than the Waiting Period has elapsed since the Issue Date, and
2. we receive proof, satisfactory to us of the Owner’s Terminal Illness. If the Owner is a non-natural person, this waiver will be based on proof, satisfactory to us of the Annuitant’s Terminal Illness. Terminal Illness is defined as an illness or condition that is expected to result in the Owner’s death within the Terminal Illness Period, shown above.

A licensed physician, who is not the Owner or a member of the Owner’s family, must provide evidence satisfactory to us of the Owner’s Terminal Illness. We reserve the right to obtain a second medical opinion from a physician of our choosing at our expense. In the event of a discrepancy, the medical opinion of our physician will be controlling.

If a claim to exercise this waiver is denied by us, proceeds will not be disbursed until you are notified of the denial and provided with the opportunity to accept or reject the proceeds, reduced by any applicable Surrender Charges, Premium Bonus Recapture Charges (if applicable) and Non-Vested Premium Bonus (if applicable.)

Termination

Any of the following events will result in the termination of this benefit without prejudice towards any surrender charges waived while the benefit was in force:

- a.) the date the owner requests, in writing to terminate this amendment;
- b.) the date the contract to which this amendment is attached terminates.

PHL Variable Insurance Company

[*John H. Beers*]

[Secretary]