

SERFF Tracking Number: PRTA-125646159 State: Arkansas
Filing Company: West Coast Life Insurance Company State Tracking Number: 38983
Company Tracking Number: VICKIE-WC615
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: WC-615 5-08
Project Name/Number: Death Benefit Plus Rider/WC-615 5-08

Filing at a Glance

Company: West Coast Life Insurance Company

Product Name: WC-615 5-08

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: PRTA-125646159

SERFF Status: Closed

Co Tr Num: VICKIE-WC615

Co Status:

Author: Vickie Jerkins

Date Submitted: 05/14/2008

State: ArkansasLH

State Tr Num: 38983

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 05/16/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: 07/15/2008

State Filing Description:

General Information

Project Name: Death Benefit Plus Rider

Project Number: WC-615 5-08

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: This filing has been submitted to our domiciliary state of Nebraska, concurrently.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/16/2008

State Status Changed: 05/16/2008

Corresponding Filing Tracking Number:

Filing Description:

Regarding: WC-615 5-08 Death Benefit Plus Rider

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

West Coast Life Insurance Company is a subsidiary of Protective Life Insurance Company. Protective Life Insurance Company represents West Coast Life Insurance Company in the submission of the above-referenced forms and will negotiate with state insurance departments for their approval. A separate letter of authorization is not required due to subsidiary status.

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The intended implementation date for the filing is July 15, 2008 or upon approval by your Department. The above referenced Individual Life Filing is being submitted for filing acknowledgement or prior approval, as appropriate. The form contained in this filing is new and will not replace any form currently in use by the Company. This filing does not contain any unusual or possibly controversial items that vary from normal company or industry standards. This filing has been submitted to our domiciliary state of Nebraska, concurrently. This form has obtained appropriate FLESCH Ease of Reading Test Score of 54.

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

This optional Death Benefit Plus Rider (WC-615) provides for additional life insurance and will currently be offered with previously approved Flexible Premium Adjustable Life Insurance Policy 0411109AR, approved June 25, 2004 - under tracking number 26720.

The applicable Actuarial Description and a SAMPLE Schedule Page have been included.

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

Company and Contact

Filing Contact Information

Vickie Jerkins, Policy Contract Filing Specialist vickie.jerkins@protective.com
2801 Highway 280 South (800) 866-3555 [Phone]
Birmingham, AL 35223 (205) 268-3401[FAX]

Filing Company Information

West Coast Life Insurance Company	CoCode: 70335	State of Domicile: Nebraska
2801 Highway 280	Group Code: 458	Company Type: Life Insurance
Birmingham, AL 35223	Group Name:	State ID Number:
(800) 866-3555 ext. [Phone]	FEIN Number: 94-0971150	

<i>SERFF Tracking Number:</i>	<i>PRTA-125646159</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>West Coast Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38983</i>
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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
West Coast Life Insurance Company	\$50.00	05/14/2008	20320857

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/16/2008	05/16/2008

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Disposition

Disposition Date: 05/16/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *PRTA-125646159* *State:* *Arkansas*
Filing Company: *West Coast Life Insurance Company* *State Tracking Number:* *38983*
Company Tracking Number: *VICKIE-WC615*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *WC-615 5-08*
Project Name/Number: *Death Benefit Plus Rider/WC-615 5-08*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Supporting Documentation		Yes
Form	Death Benefit Plus Rider		Yes

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Form Schedule

Lead Form Number: WC-615 5-08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	WC-615 5-08	Certificate Amendmen	Death Benefit Plus Rider	Initial		54	WC-615 5-08.pdf
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					



[State of Domicile: Nebraska]

[P.O. Box 193892, San Francisco, CA 94119-3892
Home Office : San Francisco, California
1-800-366-9378]

DEATH BENEFIT PLUS RIDER

The Company has issued this rider as a part of the policy to which it is attached ("the Policy"). It is issued in return for the application and the payment of the Cost of Insurance for this rider. All terms of the Policy apply to this rider except those that disagree with this rider.

This rider provides additional life insurance, subject to the following provisions.

Policy Schedule. Policy Schedule means the Policy Schedule or Policy Specifications Page, or any supplemental Policy Schedule or supplemental Policy Specifications Page of the Policy.

Insured. The person whose life is covered by this rider as shown in the Policy Schedule for this rider.

Paid Premium. The premium paid and accepted by the Company for the Policy and any attached riders. This does not include any premium waived or credited under any waiver of premium or disability benefit rider attached to the Policy.

Death Benefit. The amount of life insurance provided under this rider. This benefit is the Paid Premium received by the Company as of the Rider Effective Date. Thereafter, this benefit as of any monthly anniversary day will be calculated as (1), plus (2), plus (3) where:

- (1) Is the Death Benefit as of the prior monthly anniversary day;
- (2) Is one month's interest, if any, on item (1); and
- (3) Is the Paid Premium received by the Company since the prior monthly anniversary day.

On any day other than a monthly anniversary day, this benefit will be the Death Benefit as of the prior monthly anniversary day. Interest will be calculated using the monthly interest rate shown, if any, in the Policy Schedule for this rider.

Death Benefit Proceeds. The amount payable to the beneficiary of the Policy if the Insured dies while this rider is in force, subject to proof of death of the Insured satisfactory to the Company. The amount is equal to the Death Benefit, subject to this rider's provisions that may affect such proceeds.

Limitations and Conditions.

- (1) The Death Benefit will not be greater than the Death Benefit limit shown in the Policy Schedule for this rider.
- (2) A Death Benefit increase will not become effective until the first month's Cost of Insurance for that increase is deducted from the accumulated fund of the Policy during the lifetime of the Insured.
- (3) The Death Benefit will be fixed as of the effective date of any of the transactions listed immediately below and can never increase thereafter:
 - (a) Any Voluntary Decrease in Death Benefit under this rider;
 - (b) Any Voluntary Decrease in the Specified Amount under the Policy; or
 - (c) Any change in death benefit option under the policy.
- (4) The Death Benefit will be fixed immediately prior to attained age one hundred (100) of the Insured and can never increase thereafter.

Misstatement of Age or Sex. Questions in the application for this rider concern the Insured's age or date of birth, and sex. If the answers to these questions are not correct, the Death Benefit Proceeds will be adjusted in accordance with the Misstatement of Age or Sex provision of the Policy.

Statements in the Application / Incontestably. The statements in the application and Incontestability provision of the Policy will apply to this rider from the Rider Effective Date.

Grace Period. The grace period of the Policy applies to this rider. If the Insured dies during the grace period of the Policy, the Company will deduct overdue monthly deductions from any death benefit proceeds under the Policy and this rider.

Suicide. The suicide provision of the Policy applies to this rider. If the Insured commits suicide while sane or insane, within two (2) years from the Rider Effective Date, the Company's liability will be limited to that provision.

Restrictions and Exclusions. This rider will be subject to the same restrictions and exclusions, if any, as were included in the Policy on the Rider Effective Date.

Voluntary Decrease in Death Benefit. The owner of the Policy may send the Company a written request, satisfactory to the Company, to decrease the Death Benefit. Any decrease will be effective on the monthly anniversary day that falls on or next following the date the Company receives this request.

Voluntary Decrease in Interest Rate. The owner of the Policy may send the Company a written request, satisfactory to the Company, to decrease any interest rate applied under this rider to zero percent (0%). Any decrease will be effective on the monthly anniversary day that falls on or next following the date the Company receives this request.

Voluntary Increase in Interest Rate. Any interest rate applied under this rider cannot be increased.

Conversion. While this rider is in force and at the option of the owner of the Policy, the Death Benefit may be converted to the Specified Amount under the Policy. The owner may send the Company a written request, satisfactory to the Company, to convert the Death Benefit. Any conversion will be effective on the monthly anniversary day that falls on or next following the date the Company receives this request. Once effective, the Specified Amount increase will control and this rider will automatically terminate. Any conversion must be for the entire Death Benefit. No Policy expense or administration charge solely attributable to a Specified Amount increase will apply to the conversion. Any Specified Amount increase resulting from a conversion will not be eligible for acceleration under any accelerated benefit rider or endorsement attached to the Policy for one (1) year from the effective date of the conversion.

Cost of Insurance. For each policy month, the monthly cost will be calculated as (1) multiplied by (2), where:

(1) Is the Death Benefit divided by \$1,000; and

(2) Is the monthly cost of insurance rate per thousand for this rider.

On and after attained age one hundred (100) of the Insured, the monthly cost will be zero.

Cost of Insurance Rates. These rates are based on the attained age, sex, and rate or premium class of the Insured as of the Rider Effective Date and the number of policy years since the Rider Effective Date. These rates will be determined by the Company at its sole discretion but cannot exceed the Table of Guaranteed Maximum Monthly Cost of Insurance Rates shown in the Policy Schedule for this rider.

Rider Effective Date. This rider will be effective on the later of:

(1) The earlier of the Date of Issue or Policy Date, if applicable, of the Policy;

(2) The date the Company approves a supplemental application for issue of this rider; or

(3) The date the Company approves a reinstatement application for the Policy.

Termination. All coverage under this rider will terminate:

- (1) Immediately upon termination of the Policy;
- (2) As of the monthly anniversary day that falls on or next follows the date of receipt by the Company of a written request or notice, satisfactory to the Company, to terminate this rider;
- (3) As described under the Conversion provision of this rider; or
- (4) According to the terms and conditions of the No Lapse Guarantee Period provision of the Policy.

Reinstatement. If this rider has terminated due to the termination of the Policy, the Company will reinstate this rider upon written application and evidence of insurability satisfactory to the Company provided the Policy is being reinstated at the same time.

Values. This rider has no cash or loan values.

Reserves. The reserve basis for this rider is the same as the reserve basis for the Policy.

Signed for the Company as of the Rider Effective Date.

WEST COAST LIFE INSURANCE COMPANY



Deborah J. Long
Secretary

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status: 05/14/2008
Satisfied -Name: Certification/Notice
Comments:
Attachment:
AR Certification.pdf

Review Status: 05/14/2008
Bypassed -Name: Application
Bypass Reason: Not applicable for this rider filing.
Comments:

Review Status: 05/14/2008
Satisfied -Name: Supporting Documentation
Comments:
Readability Certification
Actuarial Description
SAMPLE Schedule Page
Attachments:
Actuarial Description WC-615.pdf
Readability Certification.pdf
Sample Schedule Page.pdf

WEST COAST LIFE INSURANCE COMPANY
NAIC 458-70335

CERTIFICATION OF COMPLIANCE

FORM(S): WC-615 5-08
Death Benefit Plus Rider

This is to certify that the enclosed form(s) are in compliance with Rule and Regulation 19 of the State of Arkansas regarding the Unfair Sex Discrimination in the Sale of Insurance.



(SIGNATURE)

Keith Kirkley, J.D., M.B.A.

(PRINTED NAME)

May 12, 2008

(DATE)

Assistant Vice President

(TITLE)

WEST COAST LIFE INSURANCE COMPANY
NAIC 458-70335 / FEIN 94-0971150

Actuarial Description

Death Benefit Plus Rider

Form Number WC-615 5-08

I. DESCRIPTION OF RIDER CHARACTERISTICS

This rider provides additional life insurance, as described below.

The benefit as of the Rider Effective Date is the Paid Premium received by the Company as of such date. Thereafter, such benefit as of any monthly anniversary day will be calculated as (1), plus (2), plus (3) where:

- (1) Is the Death Benefit as of the prior monthly anniversary day;
- (2) Is one month's interest, if any, on item (1); and
- (3) Is the Paid Premium received by the Company since the prior monthly anniversary day.

On any day other than a monthly anniversary day, such benefit will be the Death Benefit as of the prior monthly anniversary day. Such interest will be calculated using the monthly interest rate shown, if any, in the Policy Schedule for this rider.

The rider form defines all of the terms and conditions.

II. ACTUARIAL VALUES

A. Statutory Reserves

The reserve for the benefit is an unearned premium reserve equal to one-half the cost of insurance charge for the rider.

B. Cash Values

This rider does not have any cash or loan value.

III. CERTIFICATION

I certify that to the best of my knowledge, the above submission conforms to generally accepted actuarial principles, standards and guidelines.



David C. Martin, FSA, MAAA
Vice President & UL Pricing Lead

May 13, 2008

West Coast Life Insurance Company
PO BOX 10648
Birmingham, AL 35202-0648



NAIC 458-70335
FEIN 94-0971150

READABILITY CERTIFICATION

Regarding: Form Number Form Title
 WC-615 5-08 Death Benefit Plus Rider

This is to certify that the enclosed forms (and the corresponding state specific variations) have achieved compliance with the FLESCH Ease of Reading Test, with scores as outlined in the following table.

Words	1,194
Sentences	72
Syllables	1,913
FLESCH Score	<u>54.4</u>



(SIGNATURE)
Keith Kirkley, J.D., MBA

(PRINTED NAME)

May 13, 2008

(DATE)
Assistant Vice President

(TITLE)

POLICY SCHEDULE (CONTINUED)

RIDER FORM NUMBER	SCHEDULE OF ADDITIONAL BENEFITS TITLE	*INITIAL MONTHLY CHARGE
WC-503	ACCIDENTAL DEATH BENEFIT RIDER BENEFIT AMOUNT = \$100,000.00	8.00
WC-543R	GUARANTEED INSURABILITY RIDER OPTION AMOUNT = \$50,000 OPTION DATE: MAY 1, 2027	1.00**
WC-545R	GUARANTEED INSURABILITY RIDER OPTION AMOUNT = \$100,000 DESIGNATED LIFE: JANE DOE	2.00***
WC-615	DEATH BENEFIT PLUS RIDER - SEE PAGE SP-DBP	45.50

* The cost of any additional insurance or benefit will be determined according to the terms of the rider that provides it.

** MONTHLY CHARGE CONTINUES UNTIL THE OPTION DATE OR DATE THE RIDER TERMINATES, IF EARLIER.

*** MONTHLY CHARGE CONTINUES UNTIL THE END OF THE 90 DAY PERIOD OR THE DATE THE RIDER TERMINATES, IF EARLIER. SUCH 90 DAY PERIOD BEGINS ON THE DATE OF DEATH OF THE DESIGNATED LIFE.

SAMPLE PAGE
SCHEDULE PAGE

POLICY SCHEDULE (CONTINUED)

**SCHEDULE OF ADDITIONAL BENEFITS
DEATH BENEFIT PLUS RIDER**

DEATH BENEFIT PLUS RIDER INSURED: [JANE DOE]
 SEX: [FEMALE]
 AGE: [25]
 RATE CLASS: [STANARD NON-SMOKER]
 THE DEATH BENEFIT LIMIT IS [\$500,000]

TABLE OF GUARANTEED MAXIMUM INSURANCE RATES
 MONTHLY RATE PER \$1000 – DEATH BENEFIT PLUS RIDER.

ATTAINED AGE	RATE	ATTAINED AGE	RATE	ATTAINED AGE	RATE	ATTAINED AGE	RATE
[0		25	\$.091	50	\$.349	75	\$3.120
1		26	.093	51	.375	76	3.516
2		27	.095	52	.404	77	3.941
3		28	.098	53	.439	78	4.397
4		29	.100	54	.474	79	4.895
5		30	.103	55	.511	80	5.456
6		31	.106	56	.549	81	6.100
7		32	.109	57	.588	82	6.846
8		33	.113	58	.625	83	7.706
9		34	.118	59	.664	84	8.660
10		35	.123	60	.710	85	9.708
11		36	.130	61	.764	86	10.831
12		37	.139	62	.832	87	12.036
13		38	.149	63	.918	88	13.309
14		39	.161	64	1.020	89	14.671
15		40	.173	65	1.130	90	16.122
16		41	.188	66	1.249	91	17.689
17		42	.203	67	1.369	92	19.420
18		43	.218	68	1.491	93	21.398
19		44	.233	69	1.620	94	23.831
20		45	.249	70	1.770	95	27.162
21		46	.266	71	1.949	96	32.324
22		47	.284	72	2.171	97	41.212
23		48	.304	73	2.441	98	57.814
24		49	.325	74	2.759	99	83.333
						100-120	0]