

SERFF Tracking Number: PRTA-125740114 State: Arkansas  
Filing Company: West Coast Life Insurance Company State Tracking Number: 39690  
Company Tracking Number: PAT F-WCL-408  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: F-WCL-408  
Project Name/Number: F-WCL-408/F-WCL-408

## Filing at a Glance

Company: West Coast Life Insurance Company

Product Name: F-WCL-408

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: PRTA-125740114 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: PAT F-WCL-408

Co Status:

Author: Pat Van Keulen

Date Submitted: 07/21/2008

State Tr Num: 39690

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 07/24/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: 10/01/2008

State Filing Description:

## General Information

Project Name: F-WCL-408

Project Number: F-WCL-408

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/24/2008

State Status Changed: 07/24/2008

Corresponding Filing Tracking Number:

Filing Description:

F-WCL-408 (6/08) Application Supplement - Part I: Supplement to Life Insurance Application

F-WCL-409 (6/08) Application Supplement - Part II: Statement of Owner Intent

F-WCL-410 (6/08) Application Supplement - Part III: Trust Certification

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

The listed forms are submitted for filing acknowledgement or prior approval, as appropriate. The implementation date is October 1, 2008, or upon approval by your Department if later. These forms are new and will not replace any forms currently in use by the Company. They are being filed countrywide, and do not contain any unusual or possibly controversial items that vary from normal company or industry standards.

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These forms are intended to assist underwriters in identifying and evaluating premium financing and/or SOLI/IOLI transactions, and will be used in conjunction with previously approved life insurance applications.

The forms are in final laser print, subject only to minor modification in paper size, stock, ink, type face (but not font size), border, company logo and adaptation to computer printing, and subject to variable information as bracketed. Our Statement of Variability is provided.

In addition to the traditional paper format, in some cases, the data gathered on these forms may be transferred to the company electronically. For electronic submissions, a signature pad will be used for the signature of both the applicant and the agent. In addition, when the forms and information are input to the computer system, it may result in non-material formatting changes due to the amount of information received; i.e. the size of open narrative sections will vary based on the information supplied by the applicant. The Company will ensure that the formatting will not allow a disclosure or fraud warning to be split from the signature section. While the formatting of this form may vary slightly by applicant, the material and content will remain the same.

A SUBSTANTIALLY IDENTICAL FILING IS SUBMITTED CONCURRENTLY FOR OUR AFFILIATE, PROTECTIVE LIFE INSURANCE COMPANY [NAIC # 68136] under SERFF Tracking # PRTA-125738893. Forms are different only in company particulars and form numbers.

Inasmuch as our home state of Tennessee does not have a filing fee, a retaliatory filing fee does not apply.

Thank you for your attention to this filing. If there are any questions, I can be reached in SERFF, or at pat.vankeulen @ protective.com, or toll-free at 1-866-874-4001 x7856.

## Company and Contact

### Filing Contact Information

Pat Van Keulen, Filing Analyst  
1707 North Randall Road, Suite 310  
Elgin, IL 60123

Pat.VanKeulen@protective.com  
(847) 930-7856 [Phone]  
(847) 930-8280[FAX]

### Filing Company Information

SERFF Tracking Number: PRTA-125740114

State: Arkansas

Filing Company: West Coast Life Insurance Company

State Tracking Number: 39690

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Product Name: F-WCL-408

Project Name/Number: F-WCL-408/F-WCL-408

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

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50 per filing.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
West Coast Life Insurance Company	\$50.00	07/21/2008	21514291

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Product Name: F-WCL-408  
Project Name/Number: F-WCL-408/F-WCL-408

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	07/24/2008	07/24/2008

*SERFF Tracking Number:*      *PRTA-125740114*                      *State:*                      *Arkansas*  
*Filing Company:*              *West Coast Life Insurance Company*              *State Tracking Number:*      *39690*  
*Company Tracking Number:*      *PAT F-WCL-408*  
*TOI:*                      *L08 Life - Other*                      *Sub-TOI:*                      *L08.000 Life - Other*  
*Product Name:*              *F-WCL-408*  
*Project Name/Number:*      *F-WCL-408/F-WCL-408*

## **Disposition**

Disposition Date: 07/24/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PRTA-125740114 State: Arkansas  
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 Project Name/Number: F-WCL-408/F-WCL-408

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Statement of Variability		Yes
<b>Form</b>	Application Supplement – Part I: Supplement to Life Insurance Application		Yes
<b>Form</b>	Application Supplement – Part II: Statement of Owner Intent		Yes
<b>Form</b>	Application Supplement – Part III: Trust Certification		Yes

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 Project Name/Number: F-WCL-408/F-WCL-408

## Form Schedule

**Lead Form Number:** F-WCL-408 (6/08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	F-WCL-408 (6/08)	Application/ Enrollment Form	Application Supplement – Part I: Supplement to Life Insurance Application	Initial		51	F-WCL-408 6-08 - PF AppSupp Part I.pdf
	F-WCL-409 (6/08)	Application/ Enrollment Form	Application Supplement – Part II: Statement of Owner Intent	Initial		53	F-WCL-409 6-08 - PF AppSupp Part II - Stmt.pdf
	F-WCL-410 (6/08)	Application/ Enrollment Form	Application Supplement – Part III: Trust Certification	Initial		57	F-WCL-410 6-08 - PF AppSupp Part III - Trust Cert.pdf



**Supplement to Life Insurance Application**

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The statements and answers to the questions listed below shall become a part of the attached application; shall be subject to the terms of the attached application; and shall become a part of any policy based on this application.

Print Name of Proposed Insured(s): \_\_\_\_\_

- (1) **For any policy to be issued as a result of this application, will any portion of the initial or future premiums be borrowed, loaned or otherwise financed?**  Yes  No

If yes, complete the "Statement of Owner Intent" (Application Supplement - Part II) and the "Premium Financing Disclosure and Acknowledgement" form.

- (2) **Is there any intention that any party other than the Owner(s) will obtain any right, title or interest in any policy issued on the life of the Proposed Insured(s) as a result of this application?**  Yes  No

If yes, complete the "Statement of Owner Intent" (Application Supplement - Part II).

- (3) **Is a trust to be an Owner of any policy issued as a result of this application?**  Yes  No

If yes, complete the "Trust Certification" (Application Supplement - Part III).

- [ (4) If [the application is for a non-variable permanent plan of insurance **AND**] the issue age of any Proposed Insured is [65] or older **AND** the total coverage currently applied for across all Protective companies is [\$1,000,000] or more, complete the "Statement of Owner Intent" (Application Supplement - Part II). ]



**Statement of Owner Intent**

This supplement will be attached to and become part of the application with which it is used.

It is the policy of West Coast Life Insurance Company ("the Company") that life insurance should only be purchased to provide protection to those with an insurable interest in the life of the insured. The Company will not knowingly participate in life insurance sales motivated by the possible sale of policies in a secondary market or participation of investors in policy death benefits. Accordingly, we ask the Proposed Insured(s) and Owner(s) (if different) to answer the following questions.

This supplement must be completed and signed by the Proposed Insured(s) and the Owner(s) applying for a life insurance policy to be issued by the Company whenever:

- 1) There is any intention that any party other than the Owner(s) will obtain any right, title or interest in any policy issued on the life of the Proposed Insured(s) as a result of the life application; or
- [ 2) [The application is for a non-variable permanent plan of insurance **AND**] the issue age of any Proposed Insured is [65] or older **AND** the total coverage currently applied for across all Protective companies is [\$1,000,000] or more; or ]
- 3) Any Proposed Insured or Owner has indicated that any portion of the initial or future premiums will be borrowed, loaned or otherwise financed; or
- 4) Upon the request of the underwriter.

**PROPOSED INSURED 1:** Name \_\_\_\_\_

**PROPOSED INSURED 2:** Name \_\_\_\_\_

**Owner(s) / Trustee(s) 1:** Name \_\_\_\_\_

**Owner(s) / Trustee(s) 2:** Name \_\_\_\_\_

<b>REGARDING <u>ALL</u> PERSONS PROPOSED FOR INSURANCE: Give full details in "Remarks" for any YES answers.</b>	Prop Ins 1		Prop Ins 2	
	Yes	No	Yes	No
1. Will any portion of the initial or future premiums for this policy be borrowed, loaned or otherwise financed by any individual(s) or entity(ies) other than the Proposed Insured(s) or immediate family members of the Proposed Insured(s)? ..... <i>If YES, please identify all parties involved (in Remarks); and please <b>attach</b> copies of any trust documents, all financing agreements or promissory notes and all related side agreements and schedules.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Answer this question <u>ONLY</u> if the answer to Question 1 is <b>YES</b> . a.) Is there any collateral for the loan other than the life insurance policy?..... <i>If YES, please describe the additional collateral in "Remarks".</i> b.) Is there an explicit exit strategy for repayment of the loan? ..... <i>If YES, please <b>attach</b> all supporting documentation; and (in Remarks) please describe the exit strategy, the gift, income and estate tax implications of all transactions, and the financial implications of any mechanism used to execute the strategy.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Will any premiums for this policy be paid by any individual(s) or entity(ies) - other than the Proposed Insured(s), employer(s) of the Proposed Insured(s), or immediate family member(s) of the Proposed Insured(s) - in exchange for any portion of the policy's death benefit? ..... <i>If YES, please specify (in Remarks) how death benefits will be distributed upon the death(s) of the Proposed Insured(s), including each recipient's name and percentage or amount to be received.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



ADDITIONAL REMARKS:

I (We) have read or have had read to me (us) the completed Supplement before signing below. All statements and answers in this Supplement are correctly recorded and are full, complete and true. I (We) understand that the information being provided in this Supplement is being relied upon in considering the application for life insurance and is subject to the applicable Fraud Statement as provided in the Application for Life Insurance.

Signed in \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(State) (Month) (Year)

Signature(s) of Proposed Insured(s): \_\_\_\_\_

Signature(s) of Owner(s)/Trustee(s): \_\_\_\_\_  
(provide officer's title if policy is owned by a corporation)

\_\_\_\_\_  
(provide officer's title if policy is owned by a corporation)

Signature of Witness: \_\_\_\_\_

**PRODUCER CERTIFICATION:**

By signing below, I hereby certify that to the best of my knowledge and belief, the information provided herein is complete, accurate, and correct and that the life insurance being applied for conforms to the Company's guidelines.

\_\_\_\_\_  
Producer Name (PRINT)

\_\_\_\_\_  
Signature of Producer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed at (City, State)



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I (We) have read or have had read to me (us) the completed Supplement before signing below. All statements and answers in this Supplement are correctly recorded and are full, complete and true. I (We) understand that the information being provided in this Supplement is being relied upon in considering the application for life insurance and is subject to the applicable Fraud Statement as provided in the Application for Life Insurance.

I (We) certify that:

- a) The Trustee(s) is (are) allowed by the terms of the Trust to purchase life insurance and securities;
- b) The Trust permits the Trustee(s) to exercise all ownership rights provided by the policy that is issued by the Company to the Trust, including but not limited to the right to surrender, pledge or encumber the policy or make withdrawals;
- c) The Trustee(s) is (are) permitted to distribute the policy to any beneficiary of the Trust or to sell and transfer ownership of the policy pursuant to the sale;
- d) Beneficial interests under the Trust can and will only be established for persons who: (i) are related to the Proposed Insured(s) by blood or by law; (ii) have a substantial interest in the life of the Proposed Insured(s) engendered by love and affection; or (iii) hold a lawful and substantial economic interest in the continued life of the Proposed Insured(s);
- e) Neither the Company nor anyone acting as its agent is responsible to determine the authority of the Trustee(s) or the validity of the trust or to inquire into or review the provisions of the Trust;
- f) Neither the Company nor anyone acting as its agent shall be charged with knowledge of the terms of the Trust; and
- g) The Company may rely on the evidence submitted for any change of the Trustee(s) and/or the appointment of any successor Trustee(s) and is not responsible to determine that the change or the appointment of any additional or successor Trustee(s) conforms to the provisions of the Trust.

---

Signed in \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(State) (Month) (Year)

Signature(s) of Owner(s)/Trustee(s): \_\_\_\_\_

\_\_\_\_\_

Signature(s) of Grantor(s): \_\_\_\_\_

\_\_\_\_\_

Signature of Witness: \_\_\_\_\_

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**Producer Certification:**

By signing below, I hereby certify that to the best of my knowledge and belief, the information provided herein is complete, accurate, and correct and that the life insurance being applied for conforms to the Company's guidelines.

Producer Name (PRINT): \_\_\_\_\_

Producer Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signed at (City, State): \_\_\_\_\_

<i>SERFF Tracking Number:</i>	<i>PRTA-125740114</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>West Coast Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39690</i>
<i>Company Tracking Number:</i>	<i>PAT F-WCL-408</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>F-WCL-408</i>		
<i>Project Name/Number:</i>	<i>F-WCL-408/F-WCL-408</i>		

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice

07/18/2008

**Comments:**

**Attachments:**

FLESCH F-WCL-408 409 410.pdf  
AR MultiCert West Coast.pdf

### Review Status:

**Satisfied -Name:** Statement of Variability

07/18/2008

**Comments:**

Attachment is our Statement of Variability for forms F-WCL-408 (6/08) and F-WCL-409 (6/08). Form F-WCL-410 (6/08) does not have any variables.

**Attachment:**

StmntVariables F-WCL-408 409.pdf

# West Coast Life Insurance Company

NAIC 458-70335

FEIN 94-0971150

## READABILITY CERTIFICATION

Form Number	Form Title	Flesch Score
<b>F-WCL-408 (6/08)</b>	<b>Application Supplement – Part I: Supplement to Life Insurance Application</b>	<b>51.06</b>
<b>F-WCL-409 (6/08)</b>	<b>Application Supplement – Part II: Statement of Owner Intent</b>	<b>52.62</b>
<b>F-WCL-410 (6/08)</b>	<b>Application Supplement – Part III: Trust Certification</b>	<b>56.70</b>

This is to certify that the forms listed in the above table (and the corresponding state variations) have achieved the required Flesch Reading Ease Test scores and comply with all applicable requirements.

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**Keith D. Kirkley, JD, MBA**  
**AVP – Policy Contracting & Filing**  
**West Coast Life Insurance Company**

**July 16, 2008**

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**Date**

# West Coast Life Insurance Company

NAIC 458-70335

FEIN 94-0971150

## ARKANSAS CERTIFICATION

This is to certify that the Company complies with:

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

Arkansas Insurance Department Rule and Regulation 49 requirements for a Guaranty Association Notice; and

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

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**Keith Kirkley, J.D., MBA**  
**AVP – Policy Contracting and Filing**  
**West Coast Life Insurance Company**

**July 18, 2008**

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**Date**

West Coast Life Insurance Company  
Post Office Box 2606  
Birmingham, Alabama 35282-9887  
Keith Kirkley, J.D., MBA  
1-800-866-3555 x 5912  
[Keith.Kirkley@protective.com](mailto:Keith.Kirkley@protective.com)

NAIC 458-70335  
FEIN 94-0971150

**STATEMENT OF VARIABILITY**  
**FOR**  
**APPLICATION SUPPLEMENT FORMS:**  
**Part I: F-WCL-408 (6-08)**  
**Part II: F-WCL-409 (6-08)**

**July 17, 2008**

## Variables

### **F-WCL-408 (6-08)**

Requirement # 4 – This requirement will be omitted for business sold through banks and broker/dealers.

Plan of insurance – Phrase in brackets [the application is for a non-variable permanent plan of insurance **AND**] will appear or be omitted depending on the type of policy to which program is applicable (term and non-variable life policy, or only non-variable life policy).

Proposed Insured's age – Not less than 65 nor more than 120.

Minimum Face Amount – Not less than \$100,000.

### **F-WCL-409 (6-08)**

Requirement # 2 – This requirement will be omitted for business sold through banks and broker/dealers.

Plan of insurance – Phrase in brackets [the application is for a non-variable permanent plan of insurance **AND**] will appear or be omitted depending on the type of policy to which program is applicable (term and non-variable life policy, or only non-variable life policy).

Proposed Insured's age – Not less than 65 nor more than 120.

Minimum Face Amount – Not less than \$100,000.

## CERTIFICATION

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

Signed for the Company by:

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Keith Kirkley, J.D., MBA

AVP – Product Development

Protective Life Insurance Company

Protective Life and Annuity Insurance Company

West Coast Life Insurance Company

July 18, 2008