

SERFF Tracking Number: PRTA-125961129 State: Arkansas
Filing Company: Protective Life Insurance Company State Tracking Number: 41257
Company Tracking Number: BETH PL107
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: PL-107 (11/08)
Project Name/Number: PL-107 (11/08)/PL-107 (11/08)

Filing at a Glance

Company: Protective Life Insurance Company

Product Name: PL-107 (11/08)

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: PRTA-125961129 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 41257

Co Tr Num: BETH PL107

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Author: Beth Fledderman

Disposition Date: 01/08/2009

Date Submitted: 12/29/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: PL-107 (11/08)

Project Number: PL-107 (11/08)

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Filed in TN concurrently.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 01/08/2009

State Status Changed: 01/08/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This form is being submitted for review and approval in your state. This is a new form and will not replace any form currently in use by the Company. This form does not contain any unusual or controversial items from normal company or industry standards.

This form is a Representative's Report page for use with business marketed by banks and broker dealers. We currently plan to use this Representative's Report with base application form PL-200 (2/08), which was approved by your Department on 02/21/2008(SERFF Tracking Number PRTA-125472573; State 38074).

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This form has been generated in final print format. However, due to rapidly changing technology, we wish to reserve the right to use a different font. In addition, when the application 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. While the formatting of these forms may vary slightly by applicant, the material and content will remain the same.

This form has achieved an appropriate Flesch Reading Ease Test Score of 50.

Company and Contact

Filing Contact Information

Elizabeth Fledderman, Policy Contract Filing Specialist
 elizabeth.fledderman@protective.com
 2801 Highway 280 South Birmingham, AL 35223
 (800) 866-3555 [Phone]
 (205) 268-3401[FAX]

Filing Company Information

Protective Life Insurance Company
 2801 Highway 280 Birmingham, AL 35223
 (800) 866-3555 ext. [Phone]

CoCode: 68136
 Group Code: 458
 Group Name:
 FEIN Number: 63-0169720

State of Domicile: Tennessee
 Company Type:
 State ID Number:

Filing Fees

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

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-----------------------------------|---------|----------------|---------------|
| Protective Life Insurance Company | \$50.00 | 12/29/2008 | 24737781 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|------------|------------|----------------|
| Approved | Linda Bird | 01/08/2009 | 01/08/2009 |

SERFF Tracking Number: *PRTA-125961129* *State:* *Arkansas*
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Project Name/Number: *PL-107 (11/08)/PL-107 (11/08)*

Disposition

Disposition Date: 01/08/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number: PL-107 (11/08)

| Review Status | Form Number | Form Type Form Name | Action | Action Specific Data | Readability | Attachment |
|---------------|----------------|--|---------|----------------------|-------------|--------------------|
| | PL-107 (11/08) | Application/ Representative's Enrollment Report Form | Initial | | 50 | PL-107 (11.08).pdf |

REPRESENTATIVE'S REPORT

1. (a) Will this policy replace or change existing policy(ies)? Yes No
- (b) If replacement of existing insurance is involved, have you complied with all relevant state requirements, including any "Disclosure and Comparison Statements"? Yes No
- If "No", please explain. _____
- _____

Answer questions (c) and (d) only if this is a replacement:

- (c) Did you use any pre-printed company approved sales materials? Yes No
- If "Yes", list name or form # here: _____
- (d) Did you use any Company approved, electronically generated, individualized sales materials (such as illustrations or concept materials)? Yes No
- If "Yes", you must provide a copy of these materials with the application.

2. Have you advised the proposed policyowner or do you know of any advice that has been given to the policyowner to transfer ownership of the policy being applied for to a life settlement company or other entity associated with stranger owned or investment owned life insurance (commonly called SOLI or IOLI) or are you otherwise aware that the policyowner may be contemplating such a transfer? If "Yes", please explain in Special Requests/Remarks below. Yes No

3. Is Premium Financing involved in this case? Yes No
- If "Yes", please submit a cover letter describing the parameters.

I hereby certify that all statements and answers made in this Representative's Report are full, complete and true to the best of my knowledge and belief and that I know nothing affecting the insurability of the Proposed Insured(s) which is not fully set forth in these papers.

I have verified the identity of the Owner by picture I.D. Yes No
(Does not apply to direct marketing situations.)

Identification type: _____

Signed at: _____
 _____ (City and State) _____ Date

 Representative's Printed Name Representative's Phone Number

 Representative's **Signature** Date

 Representative's Address City State Zip

 Broker Dealer Broker Dealer's E-Mail Address

 Broker Dealer's Phone Number Broker Dealer's FAX Number

REPRESENTATIVE'S SPECIAL REQUESTS/REMARKS:

| | | | |
|---------------------------------|--|-------------------------------|-----------------------------|
| <i>SERFF Tracking Number:</i> | <i>PRTA-125961129</i> | <i>State:</i> | <i>Arkansas</i> |
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Rate Information

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

12/22/2008

Comments:

Attachments:

AR CertificationD.pdf

Readability Certification.pdf

PROTECTIVE LIFE INSURANCE COMPANY
Birmingham, Alabama

STATE OF ARKANSAS

RULE AND REGULATION 19 CERTIFICATION

This is to certify that the attached Form No. PL-107 (11/08) is in compliance with Rule and Regulation 19 of the State of Arkansas regarding the Unfair Sex Discrimination in the Sale of Insurance.

Keith Kirkley, J.D., MBA
Assistant Vice President

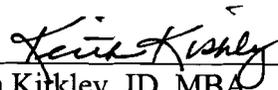
Date: December 29, 2008

PROTECTIVE LIFE INSURANCE COMPANY

Birmingham, Alabama

READABILITY CERTIFICATION

This is to certify that the attached Form No. PL-107 (11/08), along any state variations, has achieved a Flesch Reading Ease Test Score of 50.



Keith Kirkley, JD, MBA
Assistant Vice President

Date: December 29, 2008