

SERFF Tracking Number: PRTA-125985109 State: Arkansas
Filing Company: West Coast Life Insurance Company State Tracking Number: 41341
Company Tracking Number: BETH WCTERM RIDER
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
Product Name: WC-504V2-D 1-09, et al
Project Name/Number: WC-504V2-D 1-09, et al/WC-504V2-D 1-09, et al

Filing at a Glance

Company: West Coast Life Insurance Company

Product Name: WC-504V2-D 1-09, et al

TOI: L04I Individual Life - Term

Sub-TOI: L04I.500 Other

Filing Type: Form

Implementation Date Requested: On Approval

State Filing Description:

SERFF Tr Num: PRTA-125985109

SERFF Status: Closed

Co Tr Num: BETH

WCTERM RIDER

Co Status:

Author: Beth Fledderman

Date Submitted: 01/15/2009

State: ArkansasLH

State Tr Num: 41341

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 01/22/2009

Disposition Status: Approved

Implementation Date:

General Information

Project Name: WC-504V2-D 1-09, et al

Project Number: WC-504V2-D 1-09, et al

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/22/2009

State Status Changed: 01/22/2009

Corresponding Filing Tracking Number:

Filing Description:

The above referenced forms are being submitted for filing review and prior approval, as appropriate. These are new forms that will not replace any forms currently in use by the Company. This filing does not contain any unusual or controversial provisions.

Currently we plan to use these riders with term life insurance policy form 0511317AR, which was approved by your department on 08/31/2005 (SERFF Tracking No. SERT-6F3TAT021; State Tracking Number 30428).

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The riders will not be illustrated.

The forms have achieved Flesch Reading Ease Test Scores as Follows:

Form Number Flesch Score

WC-504V2 1-09 53.3

WC-531V2 1-09 54.9

The forms are submitted in final print, just as they will be delivered to contract owners. The company reserves the right at any time to make minor non-material format changes including, but not limited to: paper stock, type face (but not font size) and page layout that become unavoidably necessary as a result of computer hardware and/or software upgrades and print technology changes. We certify that any necessary format changes will not affect the specific content of the approved forms.

The forms are being submitted to our domiciliary state, Nebraska, concurrently.

Company and Contact

Filing Contact Information

Elizabeth Fledderman, Policy Contract Filing Specialist
elizabeth.fledderman@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

Filing Fees

SERFF Tracking Number: PRTA-125985109 State: Arkansas
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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	01/15/2009	25053071

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/22/2009	01/22/2009

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Disposition

Disposition Date: 01/22/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PRTA-125985109 State: Arkansas
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Form Schedule

Lead Form Number: WC-504V2-D 1-09

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	WC-504V2-D 1-09	Policy/Cont	Accidental Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		53	WC-504V2-D 1-09.pdf
	WC-531V2 1-09	Policy/Cont	Children's Term Life ract/Fratern Insurance Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		55	WC-531V2 1- 09.pdf



State of Domicile: Nebraska

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

ACCIDENTAL DEATH BENEFIT RIDER

We have issued this rider as a part of the policy to which it is attached. It is issued in return for the application and the payment of the premiums for this rider shown in the Schedule of Benefits and Premiums of the policy. All the terms of the policy apply to this rider except for those that disagree with this rider.

Rider Benefit. The benefit provided by this rider is an additional death benefit if the death of the Insured results from an accident. We will pay this death benefit if all the conditions of this rider are met and none of the exclusions discussed below apply. Any amount due under this rider will be added to the death benefit provided by the policy and will be paid to the Beneficiary.

Amount of Benefit. The amount of benefit for this rider is the Benefit Amount shown in the Schedule of Benefits and Premiums of the policy.

Proof of Accidental Death. To pay any benefit under this rider, we require that due proof of the accidental death be given to us at our Home Office. This proof must show that the Insured's death occurred:

- (1) As a direct result of accidental bodily injury independently of all other causes; and
- (2) Within 180 days after the injury was received; and
- (3) While the policy and this rider were in full force.

Unless prohibited by law, we have the right to examine the body and have an autopsy done at any time.

Exclusions. There are some exclusions to the coverage provided by this rider. No accidental death benefit will be payable if the Insured's death results directly or indirectly from any of these causes:

Suicide - Suicide, while the Insured is sane or insane.

War - War shall include all armed conflict, declared or undeclared, or any act of war, including any act of committing or resisting armed conflict.

Military Service - Service in the military forces of any country at war or in any civilian noncombatant unit serving with those forces. "Country" includes any international organization or group of countries.

Aviation - Travel in, or descent from or with, any kind of aircraft aboard which the Insured is a pilot or crew member or is giving or receiving any training. "Crew member" includes anyone who has any duty aboard the aircraft.

Natural Causes - Bodily or mental illness, disease or infirmity of any kind or medical or surgical treatment for any of these.

Drug - The voluntary taking or injection of any drug, hypnotic, or narcotic, unless prescribed by a physician.

Felony - Injury received while committing a felony.

General Provisions

Rider Date. The benefits under this rider shall be effective as of the Rider Date. The Rider Date will be the Date of Issue of the policy to which it is attached unless a different date is shown below.

Contestability. The contestability limitation contained in the policy applies to claims under this rider. The period of contestability will be measured from the Rider Date instead of the Date of Issue.

Termination. This rider will terminate:

- (1) At Age 70;
- (2) At the end of the Grace Period for an unpaid premium;
- (3) On any premium due date upon written request; but you must return the policy so we may remove the rider; or
- (4) If the policy to which it is attached ceases to be in full force (the policy is not in full force if a non-forfeiture option has been elected or if the policy is in force under Extended or Paid-Up Insurance).

The premium paid for the policy after the rider terminates will be reduced by the rider's premium. If we are paid and accept a premium for the rider after it terminates, we will owe you all such amounts and interest at 6% but will have no other liability.

Signed for the Company as of the Rider Date.

WEST COAST LIFE INSURANCE COMPANY



Secretary



**West Coast Life
Insurance Company**

A PROTECTIVE COMPANY

State of Domicile: Nebraska

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

CHILDREN'S TERM LIFE INSURANCE RIDER

We have issued this rider as a part of the policy to which it is attached. It is issued in return for the application and the payment of the premiums for this rider. All the terms of the policy apply to this rider except for those that disagree with this rider.

This rider provides death benefits on children of the Insured if an Insured Child dies before Age 25. We discuss this rider, and the rules that apply to it, in the provisions which follow.

Persons Insured Under This Rider

Insured Child. An Insured Child under this rider is any living child, stepchild or legally adopted child of the Insured who is named in the application for this benefit. They must be at least 15 days old but not more than eighteen years old on the date of application for this benefit. Any child named who is under fifteen days old will become insured when fifteen days old. In addition, any child who is later born to, or legally adopted by, the Insured and his or her spouse while this rider is in full force will automatically become insured when fifteen days old or, if later, on the date of adoption. The date of adoption must be before the child's eighteenth birthday. All benefits stop after an Insured Child's twenty-fifth birthday.

Death Benefits. We will pay the death benefit to the Beneficiary when due proof of an Insured Child's death is received at our Home Office.

If an Insured Child dies on or before the Expiry Date of the coverage on that child's life, the death benefit shall be \$1,000 for each unit of this benefit. After the Expiry Date, no death benefit is payable. The number of units of this benefit is shown in the Policy Schedule.

Paid-Up Term Insurance. If the Insured dies while this rider is in full force, any remaining insurance under this rider will be continued on a fully paid-up basis.

Such paid-up term insurance will have a cash value equal to the present value of the future benefits based upon the Commissioner's 2001 Standard Ordinary Mortality Table and interest at 6% per year but otherwise under the same assumptions as the policy to which this rider is attached. Any cash surrender value available within thirty days after any rider anniversary shall not be less than the present value on such anniversary. We will provide you with information concerning the amount of cash value available upon request.

Right To Convert

Converting the Rider. At the Expiry Date of the coverage of any Insured Child under this rider, it may be converted to a life insurance policy, if this rider is in full force.

Conversion can be made to any whole life or endowment plan offered by us to similar insureds at the date of conversion. Such plan must have a level death benefit with level premiums. The Face Amount of the new policy may not exceed five times the death benefit provided by this rider. The new policy cannot have a Face Amount less than the minimum amount for which the new plan is usually issued. There will always be at least one such plan available.

The premium for the new policy will be based on our premium rates then in use at the age of the person insured with the Premium Class of that person used in determining the premium rate of insurance of this rider.

Procedure for Conversion. A written request signed by the person to be insured under the new policy must be received at the Company's Home Office within thirty-one days prior to the Expiry Date of the coverage on such person. Evidence of insurability satisfactory to us must be furnished only if benefits in the event of total disability or additional benefits for death by specified means are to be included in the new policy.

The new policy will be dated as of the Expiry Date.

General Provisions

Rider Date. The benefits under this rider shall be effective as of the Rider Date. The Rider Date is the Date of Issue of the policy. For any rider issued after the Date of Issue of the policy or for any increase in coverage, the Rider Date shall be the date we approve the supplemental application.

Expiry Date. The Expiry Date of this rider is the day prior to the Insured's Age 65. The Expiry Date of the coverage on an Insured Child is the earlier of the Expiry Date of this rider and the day of the child's twenty-fifth birthday.

Beneficiary. The Owner of the policy shall be the beneficiary of any death benefits under this rider unless otherwise provided by endorsement or changed by written request. This change will take effect as of the date the request is signed, even if the Insured dies before we receive it. Each change will be subject to any payment we made or other action we took before recording the request.

Owner. The Owner of the policy shall be the Owner of this rider. Upon the death of the Insured, the surviving spouse, if any, shall be the Owner of any paid-up term insurance under this rider. If there is no surviving spouse or upon the death of that survivor, any Insured Child on whose life there is paid-up term insurance in force shall be the Owner of that paid-up term insurance.

Contestability. The contestability limitation contained in the policy applies to this rider. The period of contestability will be measured from the Rider Date instead of the Date of Issue.

Suicide. If the Insured commits suicide while sane or insane within two years from the Rider Date of this rider, we pay a limited death benefit in one sum to the Beneficiary. The limited death benefit will be the amount of premiums insurance paid for this rider. Although this rider will terminate, insurance under it on any surviving person may be converted. Application for this conversion must be made within 31 days after the date of suicide. The conversion privilege will be the same following suicide as if that date had been the Expiry Date of coverage. Coverage under this rider shall continue during the 31-day period after the date of suicide.

Reinstatement. If this rider has terminated for non-payment of premium, we will reinstate it upon written application provided the policy to which this rider is attached is still in full force or being reinstated at the same time. We will require that evidence of insurability satisfactory to us be furnished on all persons to be insured under this rider when reinstated. If this rider is reinstated, we will have no liability with respect to the death of any person insured under this rider which may have occurred after the end of the grace period of the first premium that was not paid and prior to the date of reinstatement.

Waiver of Premium. Any premium waived under a Disability Benefit rider of the policy shall include the premium for this rider.

Reserve Basis. The reserve basis for this rider is the same as the reserve basis for the policy to which it is attached.

Termination. This rider will terminate:

- (1) At its Expiry Date;
- (2) At the end of the Grace Period for an unpaid premium;
- (3) On any premium due date upon written request, but you must return the policy so we may remove the rider; or
- (4) If the policy to which it is attached ceases to be in full force, (the policy is not in full force if a non-forfeiture option has been elected or if the policy is in force under the Extended or Paid-Up Insurance), except as provided herein.

The premium for the policy after the rider terminates will be reduced by this rider's premium. If we are paid and accept a premium for the rider after it terminates, we will owe you all such amounts and interest at 6% per year but will have no other liability.

Signed for the Company as of the Rider Date.

West Coast Life Insurance Company



Secretary

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

Satisfied -Name: Flesch Certification

01/12/2009

Comments:

Attachment:

Readability Certification.pdf

Review Status:

Satisfied -Name: Sample Policy Schedule

01/14/2009

Comments:

Attachment:

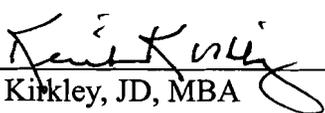
Sample Schedule w Riders.pdf

WEST COAST LIFE INSURANCE COMPANY

READABILITY CERTIFICATION

I certify that the submitted forms, along with any state variations, have achieved Flesch Reading Ease Test Scores as follows:

Form Number	Flesch Score
WC-504V2 1-09	53.3
WC-531V2 1-09	54.9



Keith Kirkley, JD, MBA
Assistant Vice President

Date: January 12, 2009

POLICY SCHEDULE

POLICY NUMBER: SPECIMEN

FACE AMOUNT:	[\$100,000]	DATE OF ISSUE:	[May 1, 2008]
AGE AT ISSUE:	[35]	EXPIRY DATE:	[May 1, 2073]
[SEX:]	[MALE]	PREMIUM CLASS:	[STANDARD NON-TOBACCO]
INSURED:	[JOHN Q. DOE]	INITIAL PREMIUM PERIOD:	[10] YEARS
OWNER:	[JOHN Q. DOE]	CONVERSION PERIOD:	[10] YEARS

SCHEDULE OF BENEFITS AND PREMIUMS

FORM NO.	BENEFITS	BENEFIT AMOUNT	ANNUAL PREMIUM	PREMIUM PERIOD
	LIFE INSURANCE	[\$100,000]	[\$124.00*]	[10] YEARS
WC-504V2	ACCIDENTAL DEATH BENEFIT RIDER	[\$100,000]	[\$82.00]	[35] YEARS
WC-531V2	CHILDREN'S RIDER	[12 UNITS]	[\$72.00]	[30] YEARS

* SEE PAGE 3A FOR SUBSEQUENT PREMIUMS

TOTAL PREMIUM FOR ALL BENEFITS ON THE DATE OF ISSUE

	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY PRE-AUTHORIZED CHECK
PER PAYMENT	[\$278.00]	[\$115.96]	[\$59.10]	[\$19.51]
PER YEAR	[\$278.00]	[\$128.96]	[\$236.40]	[\$234.12]

ALL AMOUNTS SHOWN ABOVE AS "TOTAL PREMIUM FOR ALL BENEFITS ON THE DATE OF ISSUE" INCLUDE THE PREMIUM FOR EACH RIDER. THE "TOTAL PREMIUM FOR ALL BENEFITS ON THE DATE OF ISSUE" WILL BE REDUCED BY THE AMOUNT OF THE PREMIUM FOR THE RIDERS UPON TERMINATION OF THE RIDERS.