

<i>SERFF Tracking Number:</i>	<i>PRTA-126383284</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>West Coast Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44203</i>
<i>Company Tracking Number:</i>	<i>BETH WCT17</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>WC-T17 1-10, et al</i>		
<i>Project Name/Number:</i>	<i>WC-T17 1-10, et al/WC-T17 1-10, et al</i>		

Filing at a Glance

Company: West Coast Life Insurance Company

Product Name: WC-T17 1-10, et al

TOI: L04I Individual Life - Term

SERFF Tr Num: PRTA-126383284 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 44203

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Co Tr Num: BETH WCT17

State Status: Approved-Closed

Filing Type: Form

Author: Beth Fledderman

Reviewer(s): Linda Bird

Date Submitted: 11/30/2009

Disposition Date: 12/03/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: WC-T17 1-10, et al

Project Number: WC-T17 1-10, et al

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Submitted to
Nebraska concurrently.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 12/03/2009

Explanation for Other Group Market Type:

State Status Changed: 12/03/2009

Deemer Date:

Created By: Beth Fledderman

Submitted By: Beth Fledderman

Corresponding Filing Tracking Number: PRTA-
126383237

Filing Description:

The identical filing is being made for West Coast Life Insurance Company. Please find the Corresponding SERFF Tracking Number above.

We are submitting the above referenced forms for your review and approval. They are new forms, which will not replace any forms currently in use by our company. This filing does not contain any unusual or possibly controversial items from

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normal company or industry standards.

Independent agents and brokers will market the policy. Waiver of Premium will be available through the optional rider submitted with this filing.

Currently, application for coverage will be made with application forms:
 GW-7508(7/05)AR (approved 08/10/2005; SERFF Tracking SERT-6EXN6J143; STATE: 30231)
 WCL-100 (9/08) (approved 11/24/2008; SERFF Tracking PRTA-125795980, State # 40902)

The forms will not be illustrated.

The submitted form is in final print, just, as it 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 form.

The above referenced form is being filed concurrently in our domiciliary state, Nebraska.

Company and Contact

Filing Contact Information

Elizabeth Fledderman, Policy Contract Filing Specialist	elizabeth.fledderman@protective.com
2801 Highway 280 South	800-866-3555 [Phone] 5539 [Ext]
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

Fee Required?	Yes
Fee Amount:	\$50.00

SERFF Tracking Number: PRTA-126383284 State: Arkansas
Filing Company: West Coast Life Insurance Company State Tracking Number: 44203
Company Tracking Number: BETH WCT17
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: WC-T17 1-10, et al
Project Name/Number: WC-T17 1-10, et al/WC-T17 1-10, et al
Retaliatory? No
Fee Explanation: \$50 per filing.
No retaliatory.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
West Coast Life Insurance Company	\$50.00	11/30/2009	32353970

SERFF Tracking Number: PRTA-126383284 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	12/03/2009	12/03/2009

SERFF Tracking Number: *PRTA-126383284* *State:* *Arkansas*
Filing Company: *West Coast Life Insurance Company* *State Tracking Number:* *44203*
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TOI: *L04I Individual Life - Term* *Sub-TOI:* *L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium*

Product Name: *WC-T17 1-10, et al*
Project Name/Number: *WC-T17 1-10, et al/WC-T17 1-10, et al*

Disposition

Disposition Date: 12/03/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PRTA-126383284 State: Arkansas
 Filing Company: West Coast Life Insurance Company State Tracking Number: 44203
 Company Tracking Number: BETH WCT17
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
 Fixed/Indeterminate Premium

Product Name: WC-T17 1-10, et al
 Project Name/Number: WC-T17 1-10, et al/WC-T17 1-10, et al

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Application	Yes	Yes
Supporting Document	Life & Annuity - Actuarial Memo	No	No
Supporting Document	Statement of Variability	Yes	Yes
Supporting Document	Sample Policy Schedule with Waiver of Premium	Yes	Yes
Form	Term Life Insurance Policy	Yes	Yes
Form	Policy Schedule	Yes	Yes
Form	Waiver of Premium Rider	Yes	Yes

SERFF Tracking Number: PRTA-126383284 State: Arkansas
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Form Schedule

Lead Form Number: WC-T17-AR 1-10

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	WC-T17-AR 1-10	Policy/Cont Term Life Insurance ract/Fratern Policy al Certificate	Initial		50.600	WC-T17-AR 1-10.pdf
	WC-T17S 1-10	Schedule Policy Schedule Pages	Initial		0.000	WC-T17S 1-10.pdf
	WC-626 1-10	Policy/Cont Waiver of Premium ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.200	WC-626 1-10.pdf



**West Coast Life
Insurance Company**

A PROTECTIVE COMPANY

State of Domicile: [Nebraska]

[P.O. Box 830570, Birmingham, AL 35283
Home Office: Birmingham, Alabama
1-800-366-9378]

LIFE INSURANCE POLICY

INSURED - [JOHN DOE]

POLICY NUMBER - [SPECIMEN]

This Policy is a legal contract between the Owner (also referred to as "you" or "your") and West Coast Life Insurance Company (also referred to as "the Company", "we", "us", or "our"). Please read it carefully.

Subject to the terms of this Policy, we will commence payment of the Death Benefit proceeds to the Beneficiary upon due proof the Insured died while this Policy was in force.

The terms of this Policy are contained on this and the following pages.

YOU HAVE THE RIGHT TO CANCEL THIS INSURANCE POLICY. If you decide not to keep this Policy, return it to us or to the agent who sold it to you within [thirty (30)] days after it is first delivered to you. We will cancel the Policy and promptly refund any premium paid, so the Policy will be as if it had never been issued.

[

[Carolyn M. Johnson]
President

[

[Deborah J. Long]
Secretary

TERM LIFE INSURANCE POLICY
[Term Coverage to Age 100]

NON-PARTICIPATING - DOES NOT PAY DIVIDENDS

LEVEL PREMIUM PAYABLE DURING THE INITIAL PREMIUM PERIOD
[Premium Increases After the Initial Premium Period]

A DEATH BENEFIT IS PAYABLE IF THE INSURED DIES BEFORE THE POLICY END DATE

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PLACEHOLDER FOR POLICY SCHEDULE

PARTIES TO THE POLICY

Insured: The person whose life this Policy insures.

Owner: The person or persons named as the Owner on the Policy Schedule or in an endorsement, and in our records. The Insured is the Owner unless a different Owner is designated. The Owner is entitled to exercise all rights and privileges provided by the Policy. If there is more than one Owner, all elections and other actions that may be taken by you require the joint action of all Owners. Generally, individuals as well as non-natural persons, such as partnerships, corporations and trusts, may be an Owner.

Beneficiary: The person or class of persons designated by the Owner to receive the Proceeds of this Policy upon the death of the Insured.

Primary - The Primary Beneficiary is the person or persons designated by the Owner and named in our records.

Contingent - The Contingent Beneficiary is the person or persons designated by the Owner and named in our records to be Beneficiary if there is no Primary Beneficiary, or if the Primary Beneficiary is not living when the Insured dies.

There may be one or more than one Beneficiary in a class. If one or more persons in the class die before the Insured, the living members of the class will share the Policy's Death Benefit Proceeds equally unless you instruct us otherwise in writing. If no designated Beneficiary is living upon the death of the Insured, the Death Benefit Proceeds will be paid to the Owner or the Owner's estate.

Simultaneous Death: If the Insured and a named Beneficiary die within a period of 120 hours of each other and the order of death is unknown, we shall assume that the Beneficiary died before the Insured.

Owner's Right to Name Parties: You may name a Contingent Owner, the person or persons who will own this Policy if the Owner dies during the life of the Insured while this Policy is in force. You may change the Owner (including a Contingent Owner) or Beneficiary, and may designate any Beneficiary as Irrevocable, though this will limit your ability to change that designation in the future or make other Policy changes without the consent of the Irrevocable Beneficiary.

DEFINITIONS

The terms below have the specific meaning associated with them each time they are used in this Policy. Other terms may be defined elsewhere in this Policy and will have that meaning when they are used.

Administrative Office: The location at which administrative services for this Policy are performed.

Age: The Insured's age on the Policy Effective Date as of the [nearest] birthday, plus the number of complete Policy Years that have elapsed since the Policy Effective Date.

Application: Completed forms we require to obtain, continue, change or reinstate any insurance coverage provided by this or a successor Policy. If accepted, attached to, and acted upon by us, an Application becomes a part of this Policy.

Code: The Internal Revenue Code of 1986 as amended, or its successor.

Effective Date: Any monthly anniversary on which insurance coverage or other benefit provided by this Policy begins, resumes or changes. Confirmation of an Effective Date will be sent to you in writing.

Irrevocable: For the purpose of this Policy, a designation that cannot be changed without the written consent of the person designated irrevocably.

Policy: This document, including each Application we accept and attach, and every endorsement, amendment, rider or Policy Schedule we issue you in conjunction with it.

Policy Year: A 12-month period beginning on the Policy Effective Date or any anniversary of the Policy Effective Date.

Proceeds: The net amount payable from this Policy as a result of claiming a benefit. Benefit amounts will be adjusted as provided in this Policy prior to the payment of the Proceeds.

GENERAL PROVISIONS

Entire Contract: This Policy is a legal contract between you and us. We entered into this contract in consideration of a complete Application and the payment of premiums. The Policy, including its attached Applications (both initial and supplemental), and all endorsements, amendments, riders and Policy Schedules (both initial and supplemental), constitute the entire agreement between you and us.

Representations and Contestability: In determining whether to issue this Policy, we relied on the statements in the Application made by and for the Insured. We acknowledge these statements are representations, not warranties, but we have the right to contest the validity of this Policy or resist any claim based on a material misrepresentation in any Application we accept and make part of this Policy. However, we cannot bring any legal action to contest the validity of this Policy or to resist a claim after the Policy has been in force for two years during the life of the Insured, unless fraud is involved.

If we accept an Application to change the Policy, add or change a benefit, or reinstate the Policy after it has lapsed and make the Application part of this Policy, we cannot bring any legal action to contest the change, addition or reinstatement after it has been in force for two years during the life of the Insured, unless fraud is involved.

Error in Age [or Gender]: If statements in an Application regarding the Insured's age [or gender] are not correct, we will adjust the Policy benefits to those that the premium would have purchased based on the correct age [and gender].

Modification of the Contract: No one is authorized to modify or waive any term or provision of this Policy unless we agree to the modification or waiver in writing and it is signed by our President, Vice-President, Secretary or Assistant Secretary. We have the right, subject to required regulatory approvals, to modify the Policy to conform to any applicable laws, regulations or rules issued by a government agency or to assure the Policy continues to qualify as life insurance under applicable sections of the Code. If this occurs, we will send you the endorsement that modifies your Policy and will obtain all necessary regulatory approvals and consents.

Assignments: You may assign some or all of your rights in this Policy (as they exist at the time of the assignment) either irrevocably or for a limited period of time. However, this Policy may not be owned by or assigned to a qualified retirement plan or to the trustee of a qualified retirement plan without our prior written consent. We must receive a signed copy of the assignment along with the written notice if the assignment is to be binding on us, even though we are not responsible for the legal effect, validity or sufficiency of the assignment.

Coverage Limitations: On the date this Policy or any subsequent modification or change is delivered to the Owner, unless the Insured's health and other conditions are as represented on the corresponding Application, we reserve the right to cancel the Policy or modification, or re-evaluate the Application and re-issue the Policy or modification with appropriate adjustments.

Written Notice: All instructions regarding this Policy, and any request to change or assign it must be in writing in a form acceptable to us and received at our Administrative Office. Written instructions, requests and assignments are effective as of the date they are signed, but we are not responsible for following any instruction or acting on any request or assignment before we actually receive it. Instructions, requests and assignments are subject to any payment we have made and any action we have taken prior to receiving the written notice.

Termination: This Policy will terminate, and all the insurance coverage and any other benefit it provides will end, upon the earliest of any of the following:

- a) the Owner instructs us to terminate; or
- b) the grace period ends and the required premium has not been paid; or
- c) a conversion of this Policy to another plan of insurance; or,
- d) the Policy End Date; or
- e) the Insured dies, and we pay all Proceeds legally due under the Policy.

Protection of Proceeds: To the extent permitted by law and subject to any assignment, the Proceeds of this Policy are free from legal process and the claims of creditors.

Minimum Values: The benefits available under this Policy are at least equal to the minimum required by the state in which it is issued for delivery to the Owner. The method of computing the minimum values has been filed with the insurance supervisory authority of that state.

Adjustments in Face Amount: The face amount of this Policy may not be increased or decreased, except where required due to a partial conversion.

Non-Participating: This Policy does not pay dividends, or share in the Company's surplus or profits.

PREMIUMS

Premium Payments: Premiums are the payments you must make to us to keep this Policy in force. They are shown on the Policy Schedule. The premium may change if a benefit is added, terminated or modified after the Policy Effective Date.

Premium payments are due in advance beginning not later than the Policy Effective Date and continuing through the earlier of the Policy End Date or the Insured's date of death. Premiums should be remitted by check payable to us and sent to our Administrative Office, or by any other method we allow at the time the premium payment is made. If you request it in writing, we will send a receipt for your premium payment.

Premium Payment Modes: You select the premium payment mode from those available. The table in the Policy Schedule entitled "Total Premium for All Benefits on the Policy Effective Date" shows the premium required to keep this Policy in force for the payment modes available on the Policy Effective Date. Regardless of the payment mode, each premium payment is due on the same day of the month as the Policy Effective Date.

Generally, you may change the premium payment mode by sending us a written request in advance of the premium due date on which you wish to make the change. However, you may not change the payment mode when premiums are being waived on account of any "Waiver of Premium" benefit, or if the requested change would result in a modal payment of less than [\$10]. The method we use to calculate the premium payable for any mode other than annual is consistent for all Policy years.

Grace Period: A 31-day grace period follows each premium due date. Policy benefits continue through the grace period. If we have not received the premium payment by the end of the grace period following any premium due date, this Policy will lapse as of the date the unpaid premium first became due.

Reinstatement: If this Policy lapses at the end of a grace period because the required premium has not been paid, you may request a reinstatement of the Policy. Reinstatement must be made prior to the Policy's End Date, during the life of the Insured and within [5] years of the last day of the grace period. Further requirements depend on when this Policy is reinstated.

Prompt Reinstatement - This is reinstatement within 31 days after the end of the grace period. Evidence of insurability is not required. All overdue premiums must be paid.

Later Reinstatement - This is reinstatement more than 31 days after the end of the grace period. Evidence of insurability satisfactory to us is required. All overdue premiums must be paid with interest from their due dates to the date of reinstatement. Interest will be computed at an annual effective rate of [6]%.

CONVERSION

Through the Latest Conversion Date as shown in the Policy Schedule, the Owner may convert this base Policy (the "original policy") or convert a portion of this base Policy's death benefit (a partial conversion) without evidence of insurability to a new policy of flexible premium adjustable life insurance, universal life insurance, whole life insurance, or other similar plan of life insurance (the "conversion policy"), subject to the following terms:

1. From time to time, the Company will designate one or more policies of flexible premium adjustable life insurance, universal life insurance, whole life insurance, or other similar plan of life insurance as an available conversion policy under this provision. The Company will always have at least one conversion policy available. The Company is not required to have more than one conversion policy available. The designation of any particular policy as a conversion policy will be effective only during the time when that policy remains so designated by the Company. The designation of a policy as a conversion policy may be withdrawn by the Company at any time for any reason. After the designation of a conversion policy is withdrawn, that policy will no longer be available as a conversion policy under this provision.
2. The Owner must submit a written request to the Company for conversion of the original policy to a conversion policy. The designation of the conversion policy or policies in effect on the date the Owner's written request for conversion is received by the Company will be the policy or policies from which the Owner may choose a conversion policy under this provision.
3. The conversion policy will not provide a face amount of insurance (the "face amount") that is greater than the face amount of the original policy. If more than one policy is available as a conversion policy, the Owner may not select, as the conversion policy, one that has a required minimum face amount that is greater than the face amount of the original policy. However, if the minimum allowable face amount of each available conversion policy is greater than the face amount of the original policy, then the Owner may select any of those policies, and the conversion policy will not have a face amount greater than the face amount of the original policy.
4. The effective date of the conversion policy will be a date selected by the Company based on its administrative systems and any other relevant factors, but in no event more than 90 days after the Owner's request for conversion is received by the Company. The conversion policy will be modified to show that the contestable and suicide periods will be measured from the effective date of the original policy or the approval date of the last reinstatement, whichever is later.
5. Premiums for the original policy must be paid to the date of conversion.

6. The premiums for the original policy and the conversion policy may differ. The conversion policy will be issued at the attained age of the Insured as defined under the conversion policy. The conversion policy will be issued with a risk classification that, in the Company's judgment, most closely corresponds to the risk classification of the original policy, based on the Company's underwriting rules in effect on the effective date of the original policy and in effect on the effective date of the conversion policy.
7. The issuance of any rider under the conversion policy will be at the discretion of the Company. Evidence of insurability, the intended use of the policy, and continued adequate insurable interest, in each case satisfactory to the Company in its discretion may be required to obtain any rider under the conversion policy. Any evidence of insurability required by the Company will be obtained at the Owner's expense.

Even after it is issued, the conversion policy will not become effective until the Company receives the minimum premium required to initiate insurance coverage under the conversion policy, and the conversion policy is delivered to the Owner during the Insured's life. Once effective, the terms of the conversion policy will control. With the exception of a partial conversion, the original policy will terminate automatically. Only in instances where a partial conversion takes place will the Company provide insurance coverage for the same Insured under both the original policy and the conversion policy. In the case of a partial conversion, the aggregate face amount of the two policies will be no greater than the face amount of the original policy.

DEATH BENEFIT

Death Benefit: When we receive a claim that includes a properly completed claim form and due proof the Insured died while this Policy was in force, we will pay the Death Benefit to the Beneficiary. We pay the Death Benefit Proceeds in a lump sum as soon as administratively possible after we receive a valid claim in good order, unless instructed otherwise in writing. If payment is delayed more than 30 days after we receive a claim in good order, we will pay interest on the payment at a rate of 8% per annum.

Calculating the Death Benefit: The Death Benefit is equal to the Face Amount of this Policy, shown on the Policy Schedule, plus any benefits due under an optional rider that was in force when the Insured died.

Adjustments to the Death Benefit Proceeds: If we have accepted premium that paid for insurance coverage beyond the month in which the Insured died, we will add the amount of the excess premium to the Death Benefit Proceeds. If the Insured died after the Policy entered the grace period but while insurance coverage is still in force, we will deduct the amount of the unpaid premium from the Death Benefit Proceeds. Interest will be paid on the Death Benefit Proceeds according to the statutory regulations in effect at the time of the Insured's death.

Limited Death Benefit for Suicide: If, while sane or insane, the Insured commits suicide within two years of the Policy Effective Date and the Policy was still in force, we will pay a Limited Death Benefit to the Beneficiary in a lump sum. The Limited Death Benefit is equal to the total premium paid for the Policy.

SETTLEMENT OPTIONS

Settlement Options: Settlement options are used to distribute Policy Proceeds over a period of time rather than paying them in a lump sum. Generally, proceeds from the Death Benefit may be applied to a settlement option. Proceeds payable pursuant to the Limited Death Benefit for Suicide may not be applied to a settlement option and must be taken in lump sum.

If this Policy is subject to an assignment when the proceeds from a Death Benefit are payable, the portion of the proceeds subject to the assignment will be paid to the assignee immediately in a lump sum and the remaining proceeds, if any, may be applied to a settlement option subject to the limitations in the "Minimum Amounts" provision of this section.

Selecting a Settlement Option: The Owner may select or change a settlement option while this Policy is in force during the life of the Insured. If the Owner selects a settlement option, then settlement Proceeds may not be taken or assigned in advance of their payment dates without the Owner's prior written notice.

If the Owner does not select a settlement option, or if we are unable to distribute any portion of the Proceeds according to the settlement option selected, the Beneficiary may select a settlement option from among those available at that time, or may take the amount due immediately in a lump sum.

All instructions to select or change a settlement option must be by written notice.

Option 1 - Payments for a Fixed Period: We will make equal monthly payments on the same day of each month for up to 30 years. The amount of each payment depends upon the amount applied to the settlement option, the period selected, and the interest rate in effect at the time the payments are determined. Minimum monthly rates per \$1,000 applied under settlement option 1 are shown in the table below, which is based on an annual effective interest rate of [1.50]%.

OPTION 1 TABLE
Minimum Monthly Payment Rates for Each \$1,000 Applied

Fixed (in years)	Monthly Payment	Fixed (in years)	Monthly Payment	Fixed (in years)	Monthly Payment
1	[\$89.20]	11	[\$8.21]	21	[\$4.62]
2	[42.26]	12	[7.58]	22	[4.44]
3	[28.39]	13	[7.05]	23	[4.28]
4	[21.45]	14	[6.59]	24	[4.13]
5	[17.28]	15	[6.20]	25	[3.99]
6	[14.51]	16	[5.85]	26	[3.86]
7	[12.53]	17	[5.55]	27	[3.75]
8	[11.04]	18	[5.27]	28	[3.64]
9	[9.89]	19	[5.03]	29	[3.54]
10	[8.96]	20	[4.81]	30	[3.44]

Option 2 - Payments for Life with a Guaranteed Fixed Period: We will make equal monthly payments on the same day of each month for the life of a designated person with payments guaranteed for either 10 or 20 years. Payments stop at the end of the guaranteed period or when the designated person dies, whichever is later. Minimum monthly rates per \$1,000 applied under settlement option 2 are shown in the table below.

The table is derived from mortality assumptions based on [the Annuity 2000 Mortality Table projected 6 years using the annual projection factors associated with the 1983 Individual Annuitant Mortality Table] and an annual effective interest rate of [1.50]%. One year will be deducted from the attained age of the designated person for every [3] completed years beyond the year [2006].

OPTION 2 TABLE

Minimum Monthly Payment Rates for Each \$1,000 Applied

Life with 10 Years		Life with 20 Years		Life with 10 Years		Life with 20 Years			
Age	Male	Female	Male	Female	Age	Male	Female	Male	Female
0-30	\$[1.68]	\$[1.68]	\$[1.68]	\$[1.63]	56	\$[3.37]	\$[3.08]	\$[3.25]	\$[3.02]
31	[2.17]	[2.06]	[2.16]	[2.05]	57	[3.45]	[3.15]	[3.32]	[3.08]
32	[2.20]	[2.08]	[2.19]	[2.08]	58	[3.54]	[3.22]	[3.39]	[3.15]
33	[2.22]	[2.10]	[2.22]	[2.10]	59	[3.63]	[3.30]	[3.46]	[3.22]
34	[2.25]	[2.13]	[2.25]	[2.13]	60	[3.73]	[3.39]	[3.53]	[3.29]
35	[2.28]	[2.16]	[2.28]	[2.15]	61	[3.84]	[3.48]	[3.60]	[3.36]
36	[2.32]	[2.18]	[2.31]	[2.18]	62	[3.94]	[3.57]	[3.68]	[3.43]
37	[2.35]	[2.21]	[2.34]	[2.21]	63	[4.06]	[3.67]	[3.75]	[3.51]
38	[2.38]	[2.24]	[2.37]	[2.24]	64	[4.18]	[3.78]	[3.83]	[3.59]
39	[2.42]	[2.27]	[2.41]	[2.27]	65	[4.31]	[3.89]	[3.90]	[3.67]
40	[2.46]	[2.30]	[2.44]	[2.30]	66	[4.44]	[4.01]	[3.98]	[3.75]
41	[2.50]	[2.34]	[2.48]	[2.33]	67	[4.58]	[4.13]	[4.05]	[3.83]
42	[2.54]	[2.37]	[2.52]	[2.36]	68	[4.73]	[4.27]	[4.12]	[3.91]
43	[2.59]	[2.41]	[2.56]	[2.40]	69	[4.88]	[4.41]	[4.19]	[4.00]
44	[2.63]	[2.45]	[2.60]	[2.44]	70	[5.04]	[4.55]	[4.26]	[4.08]
45	[2.68]	[2.49]	[2.65]	[2.47]	71	[5.20]	[4.71]	[4.32]	[4.16]
46	[2.73]	[2.53]	[2.69]	[2.51]	72	[5.37]	[4.88]	[4.39]	[4.23]
47	[2.78]	[2.57]	[2.74]	[2.56]	73	[5.54]	[5.05]	[4.44]	[4.30]
48	[2.83]	[2.62]	[2.79]	[2.60]	74	[5.72]	[5.23]	[4.49]	[4.37]
49	[2.89]	[2.67]	[2.84]	[2.64]	75	[5.90]	[5.42]	[4.54]	[4.43]
50	[2.95]	[2.72]	[2.89]	[2.69]	76	[6.09]	[5.62]	[4.58]	[4.49]
51	[3.01]	[2.77]	[2.95]	[2.74]	77	[6.28]	[5.82]	[4.62]	[4.54]
52	[3.08]	[2.83]	[3.01]	[2.79]	78	[6.47]	[6.03]	[4.66]	[4.59]
53	[3.14]	[2.88]	[3.07]	[2.85]	79	[6.66]	[6.25]	[4.69]	[4.63]
54	[3.21]	[2.94]	[3.13]	[2.90]	80	[6.85]	[6.46]	[4.71]	[4.66]
55	[3.29]	[3.01]	[3.19]	[2.96]	& over				

Option 3 – Interest Income: We make payments according to written instructions we receive and credit interest on the unpaid balance. We, in our sole discretion, establish the current interest rate on settlement option 3 from time to time, but will not declare an annual effective interest rate less than [1.50]%.

Option 4 – Payments of a Fixed Amount: We will make fixed payments on the same day of each month in the amount agreed upon between you and us. The amount of each payment may not be less than \$[10] for each \$1,000 applied to the settlement option. Interest will be credited to the unpaid balance at a rate set by us (from time to time), but we will not declare an annual effective interest rate less than [1.50]%. The fixed payments will continue until the amount we hold runs out. The last payment will be for the unpaid balance only.

Death of the Payee: If a payee under a settlement option dies before the entire amount has been paid, we will pay the commuted value to the estate of the deceased payee in a lump sum unless directed otherwise by written notice.

Minimum Amounts: If the portion of the Death Benefit Proceeds owed to any one person is less than \$[5,000], we may pay that amount immediately in a lump sum. If, at any time, payments under a settlement option are less than \$[50], we have the right to change the frequency of the payments to an interval that results in a payment at least equal to that amount.

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TERM LIFE INSURANCE POLICY
Term Coverage to Age [100]

NON-PARTICIPATING - DOES NOT PAY DIVIDENDS

LEVEL PREMIUM PAYABLE DURING THE INITIAL PREMIUM PERIOD
[Premium Increases After the Initial Premium Period]

A DEATH BENEFIT IS PAYABLE IF THE INSURED DIES BEFORE THE POLICY END DATE

POLICY SCHEDULE

POLICY NUMBER: [SPECIMEN]

INSURED: [JOHN DOE]

AGE:	[35]	POLICY EFFECTIVE DATE:	[JANUARY 1, 2010]
GENDER:	[MALE]	LATEST CONVERSION DATE:	[JANUARY 1, 2020]
FACE AMOUNT:	[\$100,000]	POLICY END DATE:	[JANUARY 1, 2075]
PREMIUM CLASS:	[NON TOBACCO]		
OWNER:	[JOHN DOE]		

SCHEDULE OF BENEFITS AND PREMIUMS ON THE POLICY EFFECTIVE DATE

FORM NO.	BENEFIT	BENEFIT AMOUNT	INITIAL ANNUAL PREMIUM	INITIAL PREMIUM PERIOD*
WC-T17 1-10	LIFE INSURANCE	[\$100,000]	[\$131.00*]	[10] YEARS

*INCLUDES POLICY FEE OF \$[60.00]. SEE PAGE 3A FOR SUBSEQUENT PREMIUMS

TOTAL PREMIUM FOR ALL BENEFITS ON THE POLICY EFFECTIVE DATE

	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY PRE-AUTHORIZED CHECK
PER PAYMENT	[\$131.00]	[\$68.12]	[\$34.72]	[\$11.46]
PER YEAR	[\$131.00]	[\$136.24]	[\$138.88]	[\$137.52]

THE AMOUNTS SHOWN ABOVE AS "TOTAL PREMIUM FOR ALL BENEFITS ON THE POLICY EFFECTIVE DATE" INCLUDE THE POLICY PREMIUM AND POLICY FEE, IF ANY, AND THE PREMIUM FOR ANY ADDITIONAL BENEFIT RIDER SELECTED. THE TOTAL PREMIUM WILL INCREASE AFTER A BENEFIT'S "INITIAL PREMIUM PERIOD" AND WILL DECREASE BY THE AMOUNT OF THE RIDER PREMIUM IF A BENEFIT TERMINATES BEFORE THE POLICY END DATE.

POLICY SCHEDULE (CONTINUED)

SCHEDULE OF GUARANTEED ANNUAL PREMIUMS

POLICY YEAR	AGE	LIFE INSURANCE	WAIVER OF PREMIUM	POLICY YEAR	AGE	LIFE INSURANCE	WAIVER OF PREMIUM
1	35	\$[131.00]	NOT	34	68	[4,042.00]	
2	36	[131.00]	APPLICABLE	35	69	[4,499.00]	
3	37	[131.00]		36	70	[5,047.00]	
4	38	[131.00]		37	71	[5,654.00]	
5	39	[131.00]		38	72	[6,294.00]	
6	40	[131.00]		39	73	[6,964.00]	
7	41	[131.00]		40	74	[7,676.00]	
8	42	[131.00]		41	75	[8,460.00]	
9	43	[131.00]		42	76	[9,351.00]	
10	44	[131.00]		43	77	[10,380.00]	
11	45	[548.00]		44	78	[11,574.00]	
12	46	[594.00]		45	79	[12,912.00]	
13	47	[632.00]		46	80	[14,403.00]	
14	48	[662.00]		47	81	[16,025.00]	
15	49	[701.00]		48	82	[17,744.00]	
16	50	[751.00]		49	83	[19,621.00]	
17	51	[814.00]		50	84	[21,707.00]	
18	52	[891.00]		51	85	[24,027.00]	
19	53	[980.00]		52	86	[26,578.00]	
20	54	[1,083.00]		53	87	[29,336.00]	
21	55	[1,201.00]		54	88	[32,269.00]	
22	56	[1,325.00]		55	89	[35,345.00]	
23	57	[1,443.00]		56	90	[38,407.00]	
24	58	[1,557.00]		57	91	[41,424.00]	
25	59	[1,683.00]		58	92	[44,584.00]	
26	60	[1,845.00]		59	93	[47,917.00]	
27	61	[2,057.00]		60	94	[51,426.00]	
28	62	[2,316.00]		61	95	[54,902.00]	
29	63	[2,599.00]		62	96	[58,295.00]	
30	64	[2,855.00]		63	97	[61,912.00]	
31	65	[3,081.00]		64	98	[65,767.00]	
32	66	[3,344.00]		65	99	[69,882.00]	
33	67	[3,666.00]					

BASIS OF RESERVE COMPUTATION: STATUTORY RESERVES ARE BASED ON MORTALITY RATES FROM THE [GENDER-DISTINCT, SMOKER OR NONSMOKER 2001 COMMISSIONERS STANDARD ORDINARY (CSO) MORTALITY TABLE AND AT THE CURRENT STATUTORY VALUATION INTEREST RATE].



**West Coast Life
Insurance Company**

A PROTECTIVE COMPANY

State of Domicile: [Nebraska]

[P.O. Box 830570, Birmingham, AL 35283
Home Office: Birmingham, Alabama
1-800-366-9378]

WAIVER OF PREMIUM RIDER

We have issued this rider as part of the policy to which it is attached. It is issued in exchange for the application and the payment of the premiums shown in the policy schedule. All terms and conditions of the policy apply to this rider. Where the policy and the rider disagree the terms of this rider will apply.

DEFINITIONS

The following terms have the specific meanings associated with them each time they are used in this rider. Other terms may be defined elsewhere in this rider and they will have that meaning when used.

Act of War: Means any act peculiar to military, naval or air operations in time of war.

Claims Office: The location at which the claims services for the policy to which this endorsement is attached are performed.

Home Area: Means the 50 states of the United States and its territories, the District of Columbia and Canada.

Insured: Means the person whose life the policy insures. If joint Insureds are the persons whose lives the policy insures, Insured means the last surviving Insured.

Occupation: Means any work, employment, business or profession which the Insured is or becomes reasonably qualified to perform based on education, training or experience.

Regular Occupation: Means the Insured's usual work, employment, business or profession at the time Total Disability begins. If the Total Disability begins while the insured is retired or unemployed, Regular Occupation means the last usual work, employment, business or profession at which the Insured was continuously engaged before the Total Disability started. If the Insured's Regular Occupation is attending school, the disability will be considered to be total when the Insured is unable to attend regularly scheduled classes.

Rider Date: The benefits under this rider are effective as of the Rider Date. The Rider Date is the Effective Date of the policy unless otherwise shown.

Total Disability (Totally Disabled): Total Disability is incapacity of the Insured which:

1. Is caused by sickness or injury; and
2. Begins while this rider and the policy are in full force; and
3. Is of the following severity:
 - (a) during the first 24 months after the beginning of the Total Disability, prevents the Insured from continuously engaging in their Regular Occupation; and
 - (b) after the first 24 months of Total Disability, prevents the Insured from continuously engaging in their Regular Occupation, or any other Occupation.

War: Includes but is not limited to, declared war, and armed aggression by one or more countries resisted on orders of any other country, combination of countries or international organization.

BENEFIT

Waiver Benefit: During the life of the Insured and while the policy and this rider are in force, a waiver of premium will be provided for Total Disability. If the Insured has been Totally Disabled for 6 consecutive months, and all the conditions of this rider are met, we will waive premiums for the policy, including its attached riders. These premiums are:

1. Any premium which becomes due after the Insured has been Totally Disabled for 6 consecutive months; and
2. Any premium which was due during the first 6 consecutive months of Total Disability.

Premium Requirement: You must pay the premiums due during the first 6 consecutive months, which will be refunded when the waiver benefit begins. If the period of Total Disability begins during the Grace Period, the overdue premium must be paid, as per policy provisions, before we approve the claim for the Waiver Benefit. Any premium waived will not reduce the policy proceeds. No change in the frequency of premium payments can be made during the period that the Insured is Totally Disabled.

Presumption of Total Disability: Provided the condition did not exist on the Rider Date, we will consider the Insured to be Totally Disabled, even if the Insured is able to perform their Regular Occupation or other Occupation, if the following permanent conditions apply:

1. The total loss of the sight of both eyes;
2. The total loss of use of both hands;
3. The total loss of use of both feet; or
4. The total loss of use of one hand and one foot.

Recurrent Disability: If, following the recovery from a Total Disability which has continued for at least 6 consecutive months, the Insured suffers another Total Disability which:

1. begins within 30 days of recovery; and
2. is due to the same or related causes as the prior Total Disability;

the Total Disability will be considered to be a continuation of the prior period. Otherwise, we will consider it to be a new period of Total Disability.

Discontinuance of Waiver Benefit: The waiver benefit will end when any of the following occurs:

1. The Insured is no longer Totally Disabled; or
2. Satisfactory proof of continued Total Disability is not given to us as required; or
3. The Insured refuses or fails to have an examination we ask for.

CLAIMS

Notice of Claim: Notice of claim means written notice to us at our Claims Office that the Insured is Totally Disabled and that a claim may be made under this rider. Notice may be given by or for the Owner and must identify the Insured. No benefit will be allowed unless the notice is given to us while the Insured is alive and during the continuance of Total Disability. No premium will be waived if its due date was more than one year before we were given the notice. However, if it was not reasonably possible to give us notice during this time frame, the delay will not reduce the benefit if notice is given as soon as reasonably possible.

Proof of Claim: Proof of claim must be given to us prior to the waiver benefit being allowed. Proof may be given by or for the owner. Proof of claim means satisfactory written proof that:

1. The Insured is Totally Disabled;
2. Total Disability began while this rider and the policy were in full force;
3. Total Disability began before Age 60; and
4. Total Disability has continued for 6 consecutive months.

We will provide the form used for the Proof of claim within 15 days of the receipt of the notice of claim. We have the right to require that the Insured be examined by a physician of our choice, and at our expense, as a part of the Proof of Claim.

Proof of claim must be received at our Claims Office while the Insured is alive and during the continuance of Total Disability. It must be received within one year after the termination of this rider. If it was not reasonably possible to provide the Proof of Claim within this time, the delay will not reduce the benefit if proof is given as soon as it is reasonably possible.

Proof of Continued Disability: During the first two years after Proof of Claim is received, we may require satisfactory proof of continued Total Disability not more frequently than once every 30 days. After two years, we may require proof of continued Total Disability no more than once per year. As part of this proof, we have the right to ask for an examination of the Insured by a physician of our choice and at our expense. If the Total Disability ends and you fail to tell us in writing, you will owe us any premium we waive after the end of the disability with interest at 6% per year.

GENERAL PROVISIONS

Exclusions: This rider does not cover Total Disability of the Insured caused or contributed to by:

1. Any attempt at suicide or intentionally self inflicted injury, while sane or insane.
2. War or any Act of War while the Insured is serving in the military forces or within six months after the termination of service in such forces, whichever is earlier. This exclusion does not apply if in the application the Insured represents that he/she is a member of the military, military reserves or the National Guard, whether active or inactive.
3. War or any Act of War while the Insured is serving in any civilian non-combat unit serving with such forces or within six months after termination of service with such unit, whichever is earlier.
4. Hazards incident to service in any civilian non-combat unit while serving in such units outside of the Home Area or within six months of the earlier of (i) the Insured's return to the Home Area while serving with such unit or (ii) the termination of service of such unit.
5. Active participation in a riot, insurrection or terrorist activity.
6. Committing or attempting to commit a felony.
7. The voluntary intake or use by any means of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions. Any contribution to the Total Disability under this exclusion must be material to the Total Disability.
8. The voluntary intake or use by any means of a poison, gas or fumes, unless a direct result of an occupational accident. Any contribution to the Total Disability under this exclusion must be material to the Total Disability.
9. Intoxication as defined by the jurisdiction where the Total Disability occurred.
10. Participation in an illegal occupation or activity. Any contribution to the Total Disability under this exclusion must be material to the Total Disability.

This rider does not cover Total Disability, consisting solely of blindness or partial blindness, when such condition existed on the Rider Date.

Representations and Contestability: The representations and contestability limitations contained in the policy apply to claims under this rider. The period of contestability for this rider will be measured from the rider date.

Non-forfeiture Values: This rider does not have cash or loan values.

Termination: This rider will terminate:

1. At Age 60;
2. At the end of the Grace Period for any unpaid premiums;
3. By written request of the owner on the due date of any premium;
4. Upon termination of the policy to which this rider is attached; or
5. When the policy is continued as extended term or paid-up insurance under a non-forfeiture provision.

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 this 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

[*Deborah J. Long*]

[Deborah J. Long]
Secretary

SERFF Tracking Number: PRTA-126383284 State: Arkansas
 Filing Company: West Coast Life Insurance Company State Tracking Number: 44203
 Company Tracking Number: BETH WCT17
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: WC-T17 1-10, et al
 Project Name/Number: WC-T17 1-10, et al/WC-T17 1-10, et al

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

Readability Certification WCL.pdf

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

The applications currently used for selecting this product are GW-7508(7/05)AR, approved August 10, 2005 and WCL-100 (9/08) approved November 24, 2008.

Item Status: **Status Date:**

Satisfied - Item: Statement of Variability

Comments:

Attachment:

WC-T17 Statement of Variability.pdf

Item Status: **Status Date:**

Satisfied - Item: Sample Policy Schedule with
Waiver of Premium

Comments:

Attachment:

WCL Sample Schedule w WC-626.pdf

WEST COAST LIFE INSURANCE COMPANY

READABILITY CERTIFICATION

I certify that the submitted forms have achieved Flesch Reading Ease Test Scores as follows. Each form listed includes state variations.

Form Number	Flesch Score
WC-T17 1-10	50.6
WC-T17S 1-10	N/A (Schedule)
WC-626 1-10	50.2



Keith Kirkley, JD, MBA
Assistant Vice President

Date: November 17, 2009

Statement of Variability – Policy Form WC-T17 1-10, et al, including state variations

General Variables

1. Specimen data provided are for male, age 35 non-tobacco with a \$100,000 face amount. Data and table entries that are dependent upon gender, age, rate class, premium pattern, interest rates, etc., are determinable and will populate the appropriate data fields at policy issue.
2. The Schedule Page numbering may vary due to the length of table entries, etc.
3. Bracketed data may be varied in accordance with applicable state statutory requirements.
4. No variables will change with respect to in-force policies without notification, appropriate regulatory approvals, and (where required) consent of the contract holder, owner or participant.

Specific Variables

Face Page – WC-T17 1-10

Company Address and Phone Number – Will only be changed to accurately disclose the company's correct mailing address and phone number.

Company State of Domicile – Will only be changed to accurately disclose the company's state of domicile. This change would not be made until any required notifications or regulatory filings are completed.

Right to Cancel – Not less than 30 days.

Officer Signatures – Will only be changed to accurately disclose the company's officers. This change would not be made until any required notifications or regulatory filings are completed.

Term Coverage to Age 100 – Describes the type and duration of the insurance coverage. Could vary between 70-100.

Premiums increase after the initial premium period – Describes the premium structure.

Page 3 – WC-T17S 1-10

John Doe information including Policy Number, Insured, Age, Gender, Owner, Policy Effective Date

Face Amount/Benefit Amount – The Minimum Face amount is \$100,000

Premium Class – Can be Super Preferred, Select Preferred, Preferred NonTobacco, Standard NonTobacco, Preferred Tobacco, Standard Tobacco

Latest Conversion Date – Could range between 5 years and 20 years from the issue date based on the plan of insurance purchased. This will not be later than the Insured's age 75.

Policy End Date – The policy year in which the Insured attains age 100.

Initial Premium Period – Can be 10, 15, 20, 25 or 30 Years

Policy Fee – Can vary between \$45 and \$100.

Initial Annual Premium and Total Premium for All Benefits – Premiums are based on the Insured's Age, Gender, Premium Class, Face Amount and Premium Period.

Page 3A – WC-T17S 1-10

The Schedule of Guaranteed Annual Premiums is based on the Insured's Age, Gender, Premium Class, Face Amount and Premium Period.

Basis of Reserve Computation – Mortality basis may be updated, as necessary, by future legislative or regulatory action. Will not be less favorable than 2001 CSO or current required by the state in which the policy is issued.

Policy Body Pages – WC-T17 1-10

Age – Will be populated with either age "nearest" or "last" birthday as appropriate for the plan of insurance as issued.

Misstatement of Age or Gender – The bracketed reference to gender will not be used when unisex plans of insurance are issued

Premium Payment Modes – Provides for changes in minimum modal premium amount. Could vary between \$10 and \$50.

Reinstatement – Provides for changes in the maximum reinstatement period (between 3 to 5 years) and the maximum interest rate charged on overdue premium (between 4% and 6%).

Settlement Options – Minimum Amounts; Not more than a lump sum of \$5,000 and not more than periodic payments of \$50, unless a lower amount is required by the state in which the policy is delivered.

Settlement Options – Minimum Interest Rates – Will be populated with the minimum assumed interest rates used to calculate minimum factors for settlement options. Will not be less than 1% nor greater than 3%.

Option 2; Mortality Basis – Will be populated with data reflecting the company's assumptions for annuitant mortality as of the date the policy is issued. Will not be less favorable than the assumptions used to determine the guaranteed payout options under the company's single premium deferred annuities issued on the same date.

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:



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

November 16, 2009

INFORMATION ONLY

POLICY SCHEDULE

Specimen Sample Only

POLICY NUMBER: [SPECIMEN]

INSURED: [JOHN DOE]

AGE:	[35]	POLICY EFFECTIVE DATE:	[JANUARY 1, 2010]
GENDER:	[MALE]	LATEST CONVERSION DATE:	[JANUARY 1, 2020]
FACE AMOUNT:	[\$100,000]	POLICY END DATE:	[JANUARY 1, 2075]
PREMIUM CLASS:	[NON TOBACCO]		
OWNER:	[JOHN DOE]		

SCHEDULE OF BENEFITS AND PREMIUMS ON THE POLICY EFFECTIVE DATE

FORM NO.	BENEFIT	BENEFIT AMOUNT	INITIAL ANNUAL PREMIUM	INITIAL PREMIUM PERIOD*
WC-T17 1-10	LIFE INSURANCE	[\$100,000]	[\$131.00*]	[10] YEARS
WC-626 1-10	WAIVER OF PREMIUM RIDER		[\$15.00]	[10] YEARS

*INCLUDES POLICY FEE OF \$[60.00]. SEE PAGE 3A FOR SUBSEQUENT PREMIUMS

TOTAL PREMIUM FOR ALL BENEFITS ON THE POLICY EFFECTIVE DATE

	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY PRE-AUTHORIZED CHECK
PER PAYMENT	[\$146.00]	[\$75.92]	[\$38.69]	[\$12.78]
PER YEAR	[\$146.00]	[\$151.84]	[\$154.76]	[\$153.36]

THE AMOUNTS SHOWN ABOVE AS "TOTAL PREMIUM FOR ALL BENEFITS ON THE POLICY EFFECTIVE DATE" INCLUDE THE POLICY PREMIUM AND POLICY FEE, IF ANY, AND THE PREMIUM FOR ANY ADDITIONAL BENEFIT RIDER SELECTED. THE TOTAL PREMIUM WILL INCREASE AFTER A BENEFIT'S "INITIAL PREMIUM PERIOD" AND WILL DECREASE BY THE AMOUNT OF THE RIDER PREMIUM IF A BENEFIT TERMINATES BEFORE THE POLICY END DATE.

POLICY SCHEDULE (CONTINUED)

SCHEDULE OF GUARANTEED ANNUAL PREMIUMS

POLICY YEAR	AGE	LIFE INSURANCE	WAIVER OF PREMIUM	POLICY YEAR	AGE	LIFE INSURANCE	WAIVER OF PREMIUM
1	35	[\$131.00]	[\$15.00]	34	68	[4,042.00]	
2	36	[131.00]	[15.00]	35	69	[4,499.00]	
3	37	[131.00]	[15.00]	36	70	[5,047.00]	
4	38	[131.00]	[15.00]	37	71	[5,654.00]	
5	39	[131.00]	[15.00]	38	72	[6,294.00]	
6	40	[131.00]	[15.00]	39	73	[6,964.00]	
7	41	[131.00]	[15.00]	40	74	[7,676.00]	
8	42	[131.00]	[15.00]	41	75	[8,460.00]	
9	43	[131.00]	[15.00]	42	76	[9,351.00]	
10	44	[131.00]	[15.00]	43	77	[10,380.00]	
11	45	[548.00]	[50.00]	44	78	[11,574.00]	
12	46	[594.00]	[53.00]	45	79	[12,912.00]	
13	47	[632.00]	[56.00]	46	80	[14,403.00]	
14	48	[662.00]	[59.00]	47	81	[16,025.00]	
15	49	[701.00]	[64.00]	48	82	[17,744.00]	
16	50	[751.00]	[72.00]	49	83	[19,621.00]	
17	51	[814.00]	[89.00]	50	84	[21,707.00]	
18	52	[891.00]	[110.00]	51	85	[24,027.00]	
19	53	[980.00]	[138.00]	52	86	[26,578.00]	
20	54	[1,083.00]	[173.00]	53	87	[29,336.00]	
21	55	[1,201.00]	[211.00]	54	88	[32,269.00]	
22	56	[1,325.00]	[255.00]	55	89	[35,345.00]	
23	57	[1,443.00]	[312.00]	56	90	[38,407.00]	
24	58	[1,557.00]	[374.00]	57	91	[41,424.00]	
25	59	[1,683.00]	[451.00]	58	92	[44,584.00]	
26	60	[1,845.00]		59	93	[47,917.00]	
27	61	[2,057.00]		60	94	[51,426.00]	
28	62	[2,316.00]		61	95	[54,902.00]	
29	63	[2,599.00]		62	96	[58,295.00]	
30	64	[2,855.00]		63	97	[61,912.00]	
31	65	[3,081.00]		64	98	[65,767.00]	
32	66	[3,344.00]		65	99	[69,882.00]	
33	67	[3,666.00]					

BASIS OF RESERVE COMPUTATION: STATUTORY RESERVES ARE BASED ON MORTALITY RATES FROM THE [GENDER-DISTINCT, SMOKER OR NONSMOKER 2001 COMMISSIONERS STANDARD ORDINARY (CSO) MORTALITY TABLE AND AT THE CURRENT STATUTORY VALUATION INTEREST RATE].