

SERFF Tracking Number: PRTA-126153924 State: Arkansas  
 Filing Company: West Coast Life Insurance Company State Tracking Number: 42422  
 Company Tracking Number: LAURA WC625  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: WC-625 6-09  
 Project Name/Number: WC-625 6-09/WC-625 6-09

## Filing at a Glance

Company: West Coast Life Insurance Company

Product Name: WC-625 6-09 SERFF Tr Num: PRTA-126153924 State: Arkansas  
 TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num: 42422  
 Adjustable Life Closed  
 Sub-TOI: L09I.001 Single Life Co Tr Num: LAURA WC625 State Status: Approved-Closed  
 Filing Type: Form Reviewer(s): Linda Bird  
 Author: Laura Jackson Disposition Date: 05/20/2009  
 Date Submitted: 05/20/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: WC-625 6-09  
 Project Number: WC-625 6-09  
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending  
 Date Approved in Domicile:  
 Domicile Status Comments: Submitted concurrently.

Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:  
 Filing Status Changed: 05/20/2009

Market Type: Individual  
 Group Market Size:  
 Group Market Type:  
 Explanation for Other Group Market Type:  
 State Status Changed: 05/20/2009  
 Created By: Laura Jackson  
 Corresponding Filing Tracking Number: PRTA-126153985

Filing Description:

RE:  
 Form Number /// Form Title  
 WC-625 6-09 /// Return of Substandard Extra Cost of Insurance Rider

Please note that an identical filing (except for corporate and form number references) is being made for West Coast Life's affiliate Protective Life Insurance Company. The corresponding SERFF Tracking Number is on the General

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**Information tab.**

The captioned form is being submitted for review and approval. It is a new form that will not replace any form currently in use by the company. This filing does not contain any unusual or possibly controversial items that vary from normal company or industry standards.

Currently, this optional rider will be used with base flexible premium adjustable life insurance policy form WC-U15-AR 11-06 (approved 10/25/2006; SERFF Tracking # SERT-6TMV6E299, State Tracking # 34008) and policy schedule page WC-U15V5 11-08 (approved 8/28/2008; SERFF Tracking # PRTA-125791529, State Tracking # 40075).

The rider, which may only be selected at policy issue, offers an alternative to certain permanent substandard table ratings. It provides for specified substandard extra cost of insurance (COI) charges to be included in the monthly deduction during a specified rating period, with the return of a specified percentage of the charges (by means of a credit to the policy value) at the end of the rating period, subject to conditions stated in the rider. The attached supplemental policy schedule page shows the substandard extra COI charges, the rating period during which the charges apply, and the percentage of charges to be returned.

The form is being submitted to our domiciliary state, Nebraska, concurrently.

If you have any questions or need further information, please do not hesitate to contact Laura Jackson via SERFF, toll-free phone (800) 866-3555 x7288, or e-mail [laura.jackson@protective.com](mailto:laura.jackson@protective.com).

## **Company and Contact**

### **Filing Contact Information**

Laura Jackson, Policy Contract Filing Specialist [laura.jackson@protective.com](mailto:laura.jackson@protective.com)  
2801 Highway 280 South 800-866-3555 [Phone] 7288 [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

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## **Filing Fees**

SERFF Tracking Number: PRTA-126153924 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	05/20/2009	28000272

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	05/20/2009	05/20/2009



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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial Memorandum		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Sample Policy Schedule		Yes
Form	Return of Substandard Extra Cost of Insurance Rider		Yes

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## Form Schedule

**Lead Form Number: WC-625 6-09**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	WC-625 6-09	Certificate	Return of Amendmen t, Insert Page, Endorseme nt or Rider	Initial		67.000	WC-625 6-09.pdf

**West Coast Life  
Insurance Company**

A PROTECTIVE COMPANY

West Coast Life Insurance Company  
[PO Box 830570]  
[Birmingham AL 35283]

[1-800-366-9378]  
State of Domicile: [Nebraska]

**RETURN OF SUBSTANDARD EXTRA COST OF INSURANCE RIDER**

We have issued this rider as part of the Policy to which it is attached to provide for the return of substandard extra cost of insurance charges at the end of a specified Rating Period. Unless otherwise stated, all Policy provisions not expressly modified by this rider remain in full force and effect. If any provisions in the Policy conflict with this rider, the provisions of this rider will be applied.

**Charges:** The Substandard Extra Cost of Insurance charges ("the Charges") for the initial face amount that apply to this rider are shown in the Schedule of Additional Benefits of the Policy Schedule. We will send you a supplemental Schedule of Additional Benefits showing the Charges that apply to this rider for a face amount increase.

**Rating Period:** A Rating Period is the period of time the Charges that apply to that Rating Period will be included in the monthly deduction. The Rating Period and its Effective Date are shown in the Schedule of Additional Benefits of the Policy Schedule.

**Benefit:** Upon expiration of a Rating Period and during the life of the Insured, an amount equal to a) multiplied by b) will be credited to the Policy Value where:

- a) is the sum of all Charges that apply to that Rating Period, assessed from the Effective Date of that Rating Period; and
- b) is the Return Factor shown in the Schedule of Additional Benefits of the Policy Schedule.

**Termination:** This rider will terminate upon the earlier of:

- a) The expiration of all benefit Rating Periods and crediting of the benefits provided by this rider; or
- b) The termination of the Policy.

**Reinstatement:** If the Policy to which this rider is attached is terminated and subsequently reinstated this rider will reinstate.

Signed for the Company and made part of the Policy as of the Policy Effective Date.

**WEST COAST LIFE INSURANCE COMPANY**

[ *Deborah J. Long* ]

[Secretary]

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachments:</b>		
WCL Readability Certification.pdf		
WCL AR Certification.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> Not applicable to this rider-only filing.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage		
<b>Bypass Reason:</b> Not a health product filing.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability		
<b>Comments:</b>		
<b>Attachment:</b>		
Statement of Variability - WC-625.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Sample Policy Schedule		
<b>Comments:</b>		

*SERFF Tracking Number:* PRTA-126153924      *State:* Arkansas  
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**Attachments:**

Sample Schedule Page 3.pdf

Sample Schedule Page SP-625.pdf

WEST COAST LIFE INSURANCE COMPANY

READABILITY CERTIFICATION

This is to certify that the attached Form No. WC-625 6-09, along with all state variations, has achieved a Flesch Reading Ease Test Score of 67.

A handwritten signature in black ink that reads "Keith Kirkley". The signature is written in a cursive style with a large, looping 'y' at the end.

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Keith Kirkley, JD, MBA  
Assistant Vice President

Date: May 15, 2009

**WEST COAST LIFE INSURANCE COMPANY**

**STATE OF ARKANSAS**

**RULE AND REGULATION 19 CERTIFICATION**

This is to certify that the attached Form No. WC-625 6-09 is in compliance with Rule and Regulation 19 of the State of Arkansas regarding the Unfair Sex Discrimination in the Sale of Insurance.

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

Date: May 15, 2009

**Statement of Variability  
Rider Form WC-625 6-09**

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.

**Rider Form WC-625 6-09**

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.

Company Officer Name, Title, and Signature – 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.

**Sample Schedule Page SP-625**

Both instances of [initial] – Will be "initial" with respect to the initial schedule of additional benefits issued at the time the policy and rider are issued (the policy effective date). Will be "increase in" with respect to a supplemental schedule of benefits issued at the time of any face amount increase to which the rider applies.

Charges – The initial amount shown (\$[3.64] per \$1,000 of Net Amount at Risk) is illustrative and will vary based on the insured's age, gender, rate class, and table rating on the Effective Date of the Rating Period. The amount will be not less than \$1.19 nor more than \$360.00.

Rating Period – The number of years shown ([20] in force Years) is illustrative and will vary based on the insured's age on the Effective Date of the Rating Period. The number will be 20 if the insured's age is 70 years or younger, and will be 15 if the insured's age is at least 71 years but no older than 85 years. (The benefit is not available if the insured is older than 85 years on the Effective Date of the Rating Period.)

Effective Date – The date shown ([July 15, 2009]) is illustrative and will vary based on when the Rating Period begins. With respect to the initial face amount, the Rating Period will begin on the Policy Effective Date. With respect to a face amount increase to which the rider applies, the Rating Period will begin on the effective date of the face amount increase.

Return Factor – The percentage shown ([100]%) will not be less than 50% nor more than 100%. It will vary based on the configuration of the benefit for the product at the time the rider is issued.

## 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:

A handwritten signature in black ink that reads "Keith Kirkley". The signature is written in a cursive style with a horizontal line extending from the end of the name.

---

Keith Kirkley, J.D. MBA  
Assistant Vice President  
West Coast Life Insurance Company

May 18, 2009

**POLICY SCHEDULE**

**POLICY NUMBER: #####**

**LIFE INSURANCE**

<b>RIDER FORM NUMBER</b>	<b>SCHEDULE OF ADDITIONAL BENEFITS TITLE</b>	<b>*INITIAL MONTHLY CHARGE</b>
WC-625 6-09	Return of Substandard Extra Cost of Insurance Rider	See Schedule Page SP-625

\* THE COST OF ANY ADDITIONAL INSURANCE OR BENEFIT WILL BE DETERMINED ACCORDING TO THE TERMS OF THE RIDER THAT PROVIDES IT.

\*\*\*\*\*

**BASED ON THE PLANNED PREMIUM, THE GUARANTEED RATE OF INTEREST AND THE GUARANTEED MAXIMUM INSURANCE RATES, COVERAGE MAY EXPIRE PRIOR TO ATTAINED AGE 121 AS SET FORTH IN THE POLICY. REFER TO THE TABLE OF VALUES FOR MORE INFORMATION.**

**POLICY INFORMATION ON THE POLICY EFFECTIVE DATE**

<b>INSURED:</b> !!!!!!!!!!!!!!!!!!!!!!!	<b>INITIAL DEATH BENEFIT OPTION:</b> @
<b>AGE:</b> @@@ <b>GENDER:</b> @@@@@@C	<b>POLICY EFFECTIVE DATE:</b> !!!!!!!!!!!!!!!!!!!!!!!
<b>RATE CLASS:</b> .....	<b>MONTHLY ANNIVERSARY DATE:</b> ##
<b>MINIMUM MONTHLY PREMIUM:</b> !!!!!!!!	<b>LAPSE PROTECTION PERIOD:</b> ## YEARS
<b>INITIAL FACE AMOUNT:</b> #####	<b>MINIMUM FACE AMOUNT:</b> #####
<b>INITIAL PREMIUM:</b> !!!!!!!!	<b>MINIMUM MODAL PREMIUM:</b> \$120.00

!!!!!! .....

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**COMPLIANCE TEST:** !!!!!!!!!!!!!!!!!!!!!!!

**POLICY SCHEDULE (CONTINUED)**

**SCHEDULE OF ADDITIONAL BENEFITS  
RETURN OF SUBSTANDARD EXTRA COST OF INSURANCE**

**Charges:** During the Rating Period, the Cost of Insurance Rates for the [initial] face amount will be increased by \$[3.64] per \$1,000 of Net Amount at Risk.

**Rating Period:** [20] in force Years from the Effective Date of [July 15, 2009] for the [initial] face amount.

**Return Factor:** [100]%