

SERFF Tracking Number: PRTA-126217158 State: Arkansas
 Filing Company: West Coast Life Insurance Company State Tracking Number: 42891
 Company Tracking Number: VICKIE W105
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: WC-105R (7/09), et al
 Project Name/Number: WC-105R (7/09), et al /WC-105R (7/09), et al

Filing at a Glance

Company: West Coast Life Insurance Company

Product Name: WC-105R (7/09), et al

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: PRTA-126217158 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 42891

Co Tr Num: VICKIE – W105

State Status: Approved-Closed

Author: Vickie Jerkins

Reviewer(s): Linda Bird

Date Submitted: 07/08/2009

Disposition Date: 07/21/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: 09/01/2009

Implementation Date:

State Filing Description:

General Information

Project Name: WC-105R (7/09), et al

Project Number: WC-105R (7/09), et al

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/21/2009

Deemer Date:

Submitted By: Vickie Jerkins

Filing Description:

Form Number.....Form Title

WC-105R (7/09)Rider Worksheet

WC-U426 (7/09)Activities Questionnaire

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: This filing has been
submitted to our domiciliary state concurrently.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 07/21/2009

Created By: Vickie Jerkins

Corresponding Filing Tracking Number:

West Coast Life Insurance Company is a subsidiary of Protective Life Insurance Company. Protective Life Insurance Company represents West Coast Life Insurance Company in the submission of the above-referenced forms and will negotiate with state insurance departments for their approval. A separate letter of authorization is not required due to subsidiary status.

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The intended implementation date for this filing is September 1, 2009 or upon approval by your Department. The above referenced Individual Life Filing is being submitted for filing acknowledgement or prior approval, as appropriate. This filing does not contain any unusual or possibly controversial items that vary from normal company or industry standards. The forms submitted in this filing are new and will not replace any forms currently in use. This filing has been submitted to our domiciliary state of Nebraska, concurrently.

With the exception of company specific information (Name, Logo, Addresses, Form numbering, etc) this filing is identical to SERFF submission PRTA-126217159 for Protective Life Insurance Company.

Each of these Standalone Supplemental Application forms will be used for new issue only and in conjunction with previously approved applications {GW-7508(7/05)AR, approved August 10, 2005 and WCL-100 (9/08) approved November 24, 2008}, or those created and approved in the future.

Form WC-105R is a supplemental application, which will be used to obtain detailed information on the riders/benefits the applicant requests. Areas 1-4 have been bracketed so that in the future we may add or remove benefits as they are marketed by the Company.

Form WC-U426 is a supplemental questionnaire, which will be used to request detailed information on the Purposed Insured's activities.

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. West Coast Life Insurance Company will ensure that the formatting of these forms will not allow a disclosure or fraud warning to be split from the signature section. While the formatting of these forms may vary slightly by applicant, the material and content will remain the same.

In addition to the traditional paper format, in some cases, the data gathered on the application will be transferred to the home office electronically. For electronic submissions, a signature pad will be used for the signature of both the applicant and the agent.

Required Statement of Variables has been provided. Actuarial Materials are not required with the application type filing.

Required filing fees have been submitted via EFT.

If you are in need of further information to complete the review of this filing, I can be contacted via SERFF Notes, email at Vickie.Jerkins@protective.com or tollfree at 1-800-866-3555 ext. 5514.

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Company and Contact

Filing Contact Information

Vickie Jerkins, Policy Contract Filing Specialist vickie.jerkins@protective.com
 2801 Highway 280 South 800-866-3555 [Phone] 5514 [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: \$100.00
 Retaliatory? No
 Fee Explanation: \$50.00 PER FILING
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
West Coast Life Insurance Company	\$100.00	07/08/2009	29051694

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/21/2009	07/21/2009

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Disposition

Disposition Date: 07/21/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Statement of Variables		No
Form	Rider Worksheet		No
Form	Activities Questionnaire		No

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Form Schedule

Lead Form Number: WC-105R (7/09)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	WC-105R (7/09)	Application/Rider Worksheet Enrollment Form	Initial		51.000	WC-105R (7 09).pdf
	WC-u426 (7/09)	Application/ Activities Enrollment Questionnaire Form	Initial		61.000	WC-U426 (7 09).pdf

Rider Worksheet

Please print using black ink.

West Coast Life Insurance Company

P.O. Box 830619

Birmingham, AL 35283-0619

New Business

West Coast Policy Change from Policy _____

Print Proposed Insured's Name

Proposed Insured's Social Security Number

1. ADDITIONAL BENEFITS

Accidental Death Benefit \$ _____
(Range \$10,000 - \$150,000)

Protected Insurability Rider \$ _____

Disability Benefit (Universal Life Only)
Amount of Mo. Benefit \$ _____

Waiver of Premium (Non-Universal Life)

Enhanced Cash Surrender Value Rider

Return of Substandard Charges Option

Estate Protection Endorsement
(Survivorship Plans Only)

Death Benefit Plus Rider _____ %
(Optional Interest Rate)

Other _____

1. GUARANTEED INSURABILITY RIDER(S)
(Maximum of six)
(Universal Life Only - Maximum of \$2.5 million including face amount)

GIR - Variable Option(s) List below.
Amount Option Date

GIR - Survivor's Choice List below.
Amount Designated Life Relationship

3. COVERED INSURED RIDER (Available on certain Universal Life Plans only)

Name	Gender	Date of Birth	Height	Weight	Place of Birth
	Beneficiary			Relationship/Percentage	
Amount					

Name	Gender	Date of Birth	Height	Weight	Place of Birth
	Beneficiary			Relationship/Percentage	
Amount					

4. CHILDREN'S TERM RIDER _____ units (1 unit equals \$1,000 death benefit - 20 units maximum)

Name	Date of Birth	Gender	Place of Birth	Height	Weight

Owner Signature

Date

Witness to all signatures

Insured Signature

Date

Signed at: _____
City State

Signature of Parent or Guardian

Date



**West Coast Life
Insurance Company**
A PROTECTIVE COMPANY

West Coast Life Insurance Company
P.O. Box 830570
Birmingham, AL 35283
1-800-366-9378

ACTIVITIES QUESTIONNAIRE

1. PROPOSED INSURED'S NAME (Please Print)	Date of Birth
2. DO YOU PARTICIPATE IN ANY TYPE OF WORK ACTIVITIES (Full-Time, Part-Time, Volunteer, Etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", complete the following.) Type: _____ Frequency: _____	
3. ARE YOU A MEMBER OF ANY TYPE OF CLUB OR ORGANIZATION? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", complete the following.) Activities Involved: _____ Frequency of Attendance: _____	
4. DO YOU CURRENTLY DRIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", complete the following.) Describe any violations or accidents within the past five years: _____ _____ (If "No", complete the following.) When did you last drive? _____ Why did you stop driving? _____	
5. DO YOU PARTICIPATE IN ANY TYPE OF EXERCISE? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", complete the following.) Type: _____ Frequency: _____	
6. DO YOU PARTICIPATE IN ANY OTHER HOBBIES OR ACTIVITIES? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", complete the following.) Type: _____ Frequency: _____	
7. DO YOU HAVE A PET? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", complete the following.) Type: _____	
8. HAVE YOU BEEN ADVISED TO ENTER, PLAN TO RESIDE IN, OR ARE CURRENTLY RESIDING IN A NURSING HOME, ASSISTED LIVING FACILITY OR OTHER CUSTODIAL FACILITY, RECEIVING HOME HEALTH CARE SERVICES OR ATTENDING ADULT DAY CARE? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", provide details.) _____	
9. ARE YOU UNABLE, WITHOUT ASSISTANCE OR SUPERVISION, TO PERFORM REGULAR ACTIVITIES SUCH AS: EATING, DRESSING, TOILETING, TRANSFERRING FROM BED TO CHAIR, WALKING, MAINTAINING CONTINENCE, BATHING, GETTING DRESSED, OR COOKING MEALS FOR MORE THAN 7 CONSECUTIVE DAYS WITHIN THE PAST 6 MONTHS BECAUSE OF SICKNESS OR INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", provide details.) _____	
10. ARE YOU USING ONE OF THE FOLLOWING MEDICAL DEVICES: WALKER, WHEELCHAIR, HOSPITAL BED, CANE, LEG BRACES, OXYGEN, STAIR LIFT, OR DIALYSIS? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", complete the following.) Type: _____ Frequency: _____ Date Last Used: _____	
11. ADDITIONAL DETAILS AND COMMENTS:	
I agree all statements and answers to the above questions are complete and true.	
DATE AT: (City) (State)	ON: (Month) (Day) (Year)
WITNESS:	PROPOSED INSURED:

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Readability Certification.pdf		
Bypassed - Item: Application Bypass Reason: Please refer to Form Schedule Tab Comments:		
Satisfied - Item: Statement of Variables Comments: Attachment: Statement of Variables.pdf		

West Coast Life Insurance Company
PO BOX 10648
Birmingham, AL 35202-0648



NAIC 458-70335
FEIN 94-0971150

READABILITY CERTIFICATION

Regarding:

Form Number	Form Title
WC-105R (7/09)	Rider Worksheet
WC-U426 (7/09)	Activities Questionnaire

This is to certify that the enclosed forms (and the corresponding state specific variations) have achieved compliance with the FLESCH Ease of Reading Test, with scores as outlined in the following table.

	WC-105R	WC-U426
Words:	169	327
Sentences:	6	22
Syllables:	254	502
FLESCH Score:	51.09	61.87

Keith Kirkley, J.D., MBA
Assistant Vice President
Protective Life Insurance Company
West Coast Life Insurance Company
Product Implementation
Contract Drafting & Filing Team

July 6, 2009

West Coast Life Insurance Company
Birmingham, Alabama 35282-9887

NAIC 458-70335
FEIN 94-0971150

Statement of Variability

Form: WC-105R (7/09) and state variations

Administrative Address – Accurately disclose Company information by Distribution Channel or as updates are required.

Areas 1 to 4 of the form are bracketed so that in the future we may add or remove benefits as they are marketed by the Company.

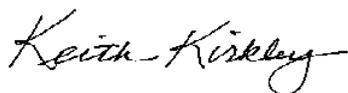
Form: WC-U426 (7/09) and state variations

Administrative Address – Accurately disclose Company information by Distribution Channel or as updates are required.

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, JD, MBA
AVP – Product Development
West Coast Life Insurance Company
July 6, 2009