

SERFF Tracking Number: PRTA-126217159 State: Arkansas
 Filing Company: Protective Life Insurance Company State Tracking Number: 42890
 Company Tracking Number: VICKIE P105
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: PL-105R (7/09), et al
 Project Name/Number: PL-105R (7/09), et al /PL-105R (7/09), et al

Filing at a Glance

Company: Protective Life Insurance Company

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

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: PRTA-126217159 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 42890

Co Tr Num: VICKIE – P105

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: PL-105R (7/09), et al

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

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

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

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/21/2009

Explanation for Other Group Market Type:

State Status Changed: 07/21/2009

Deemer Date:

Created By: Vickie Jerkins

Submitted By: Vickie Jerkins

Corresponding Filing Tracking Number:

Filing Description:

Form Number.....Form Title

PL-105R (7/09)Rider Worksheet

U-426 (7/09)Activities Questionnaire

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.

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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 Tennessee, concurrently.

With the exception of company specific information (Name, Logo, Addresses, Form numbering, etc) this filing is identical to SERFF submission PRTA-126217158 for West Coast Life Insurance Company.

Each of these Standalone Supplemental Application forms will be used for new issue only and in conjunction with previously approved applications {U-661 (9/06), approved October 11, 2006 and PL-200 (2/08), approved February 21, 2008} or those created and approved in the future.

Form PL-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 U-426 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. Protective 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.

A 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.

Company and Contact

Filing Contact Information

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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

Protective Life Insurance Company CoCode: 68136 State of Domicile: Tennessee
 2801 Highway 280 Group Code: 458 Company Type:
 Birmingham, AL 35223 Group Name: State ID Number:
 (800) 866-3555 ext. [Phone] FEIN Number: 63-0169720

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Protective Life Insurance Company	\$50.00	07/08/2009	29051687

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Correspondence Summary

Dispositions

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

SERFF Tracking Number: *PRTA-126217159* *State:* *Arkansas*
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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: PL-105R (7/09)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	PL-105R (7/09)	Application/Rider Worksheet Enrollment Form	Initial		51.000	PL-105R (709).pdf
	U-426 (7/09)	Application/ Activities Enrollment Questionnaire Form	Initial		61.000	U-426 (709).pdf

Rider Worksheet

Please print using black ink.

Protective Life Insurance Company

P.O. Box 830619

Birmingham, AL 35283-0619

- New Business
- Protective 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
Amount			Beneficiary		Relationship/Percentage

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

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	

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Readability Certification.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Please see Form Schedule Tab Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variables Comments: Attachment: Statement of Variables.pdf		

Protective Life Insurance Company
Post Office Box 2606
Birmingham, Alabama 35282-9887

NAIC 458-68136
FEIN 63-0169720

READABILITY CERTIFICATION

Regarding:	<u>Form Number</u>	<u>Form Title</u>
	PL-105R (7/09)	Rider Worksheet
	U-426 (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.

	PL-105R	U-426
Words:	169	327
Sentences:	6	22
Syllables:	254	502
FLESCH Score:	51.09	61.87



Keith Kirkley, J.D., MBA
Assistant Vice President
Product Implementation
Contract Drafting & Filing Team

July 6, 2009

Protective Life Insurance Company
Birmingham, Alabama 35282-9887

NAIC 458-68136
FEIN 63-0169720

Statement of Variability

Form: PL-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.

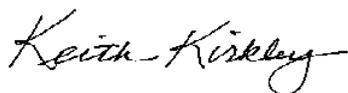
Form: U-426 (7/09) and state variations

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
Protective Life Insurance Company
July 6, 2009