

SERFF Tracking Number: PRTA-126277677 State: Arkansas
 Filing Company: West Coast Life Insurance Company State Tracking Number: 43314
 Company Tracking Number: VICKIE 595
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: WC-595R 6-09
 Project Name/Number: WC-595R 6-09/WC-595R 6-09

Filing at a Glance

Company: West Coast Life Insurance Company

Product Name: WC-595R 6-09

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: PRTA-126277677 State: Arkansas

SERFF Status: Closed-Approved-
 Closed State Tr Num: 43314

Co Tr Num: VICKIE – 595

Author: Vickie Jerkins

Date Submitted: 08/25/2009

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 08/25/2009

Disposition Status: Approved-
 Closed

Implementation Date:

Implementation Date Requested: 10/05/2009

State Filing Description:

General Information

Project Name: WC-595R 6-09

Project Number: WC-595R 6-09

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/25/2009

Deemer Date:

Submitted By: Vickie Jerkins

Filing Description:

Form NumberForm Title

WC-595R 6-09.....Aviation Exclusion Rider

Status of Filing in Domicile: Pending

Date Approved in Domicile:

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

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 08/25/2009

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 October 5, 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 form submitted in this filing is new and will not replace any forms currently in use. This filing has been submitted to our domiciliary state of Nebraska, concurrently.

The submitted form is designed to limit coverage in those situations that arise in which the insured does not wish to pay for the additional cost of coverage for private pilots or for example, people engaging in sky-diving. This rider will deny coverage if a death occurs while engaged in such activities as outlined in the rider.

The submitted rider has obtained a FLESCHEASE Ease of Reading Test Score of 51. The submitted form was created using fonts of 10 point or greater in the case of logos, addresses, headings. The form is in final laser printed format, subject only to minor modification in paper size, stock, ink, font style, border, company logo and adaptation to computer printing. The fonts will never be smaller than 10 point.

Actuarial Materials are not required with this rider 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

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

SERFF Tracking Number: PRTA-126277677 State: Arkansas
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Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per form filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
West Coast Life Insurance Company	\$50.00	08/25/2009	30087454

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/25/2009	08/25/2009

<i>SERFF Tracking Number:</i>	<i>PRTA-126277677</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>West Coast Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43314</i>
<i>Company Tracking Number:</i>	<i>VICKIE 595</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>WC-595R 6-09</i>		
<i>Project Name/Number:</i>	<i>WC-595R 6-09/WC-595R 6-09</i>		

Disposition

Disposition Date: 08/25/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number: WC-595R 6-09

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	WC-595R 6-09	Policy/Cont Aviat ion Exclusion ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.000	WC-595R 6-09.pdf



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

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

AVIATION EXCLUSION RIDER

The Company has added this rider to the policy to which it is attached as a condition of coverage. The Owner has agreed to the addition of this rider by accepting the policy. The policy includes any endorsement or amendment attached to it.

No death benefit will be paid under the policy, any endorsement and any rider attached to the policy when the death of the Insured results directly or indirectly from travel or flight in or on any kind of aircraft if:

- (a) the Insured is a pilot, officer or crew member of such aircraft; or
- (b) the Insured has any duties relating to such aircraft or flight; or
- (c) the flight is for any training, testing or experimental purposes.

In addition, no accelerated death benefit will be paid under any endorsement and any rider attached to the policy when the terminal or chronic illness of the Insured results directly or indirectly from travel or flight as described in the preceding paragraph.

It is agreed that any limitation imposed by this rider shall not apply to flight aboard a commercial aircraft carrier while the Insured is a fare-paying passenger on a regularly scheduled flight.

Aerial activity will be excluded from coverage under this policy. Aerial activities include: sport parachuting, sky diving, parasailing, hang gliding, hot air ballooning, riding in or operating a paraplane or glider, and riding in or operating a helicopter.

If the Company does not have to pay the death benefit under the policy because of this rider, it will pay the beneficiary a benefit equal to all premiums paid on the policy with interest at 3% per year. This amount will be decreased by any policy debt and any partial surrenders or withdrawals on the policy. If the policy is dividend paying, the benefit will be increased by any dividend accumulations and the cash value of any paid-up additions existing under it. However, in no case will the Company pay more than the death benefit under the policy.

It is agreed that the Representations and Contestability provision of the policy shall not be interpreted as modifying or limiting in any way the provisions of this rider. To the extent that the Representations and Contestability provision could be construed as limiting this rider, it is amended to remove such limit.

In the event the base policy to which this rider is attached is reinstated in accordance with the terms of the base policy, the terms and conditions of this rider will continue to remain in effect following reinstatement.

For a policy, endorsement or rider covering joint insureds, this rider applies to the last surviving joint insured, unless simultaneous death occurs. If simultaneous death occurs, this rider applies to both joint insureds.

Signed for the Company as of the earlier of the Date of Issue or Policy Effective Date, if applicable, of the policy.

West Coast Life Insurance Company

Secretary

POLICY NUMBER: [SPECIMEN]

INSURED(S): [JOHN DOE]

[JANE DOE]

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Supporting Document Schedules

	Item Status:	Status Date:
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Satisfied - Item: Flesch Certification

Comments:

The submitted rider has obtained a FLESCHEASE of Reading Test Score of 51.

The submitted form was created using fonts of 10 point or greater in the case of logos, addresses, headings. The form is in final laser printed format, subject only to minor modification in paper size, stock, ink, font style, border, company logo and adaptation to computer printing. The fonts will never be smaller than 10 point.

Attachment:

Readability Certification.pdf

	Item Status:	Status Date:
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Bypassed - Item: Application

Bypass Reason: Not applicable to this filing.

Comments:

	Item Status:	Status Date:
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Satisfied - Item: Statement of Variability

Comments:

Attachment:

Statement of Variability.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-595R 6-09 Aviation Exclusion Rider

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

	WC-595R
Words:	461
Sentences:	22
Syllables:	732
FLESCHE Score:	<u>51.2338</u>

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

August 21, 2009

West Coast Life Insurance Company
Birmingham, Alabama 35282-9887

NAIC 458-70335
FEIN 94-0971150

Statement of Variability
Form: WC-595R 6-09 (and state variations)

General AND Specific Variables

1. 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.
2. Company Address and Phone Number – Will only be changed to accurately disclose the company's correct mailing address and phone number.
3. 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.
4. 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.
5. John Doe information including Insured Names and Policy Number.

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
August 24, 2009