

SERFF Tracking Number: PRTA-126846650 State: Arkansas
 Filing Company: West Coast Life Insurance Company State Tracking Number: 46976
 Company Tracking Number: VICKIE-GAF-W
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
 Variable
 Product Name: GAF-W
 Project Name/Number: GAF-W/GAF-W

Filing at a Glance

Company: West Coast Life Insurance Company

Product Name: GAF-W SERFF Tr Num: PRTA-126846650 State: Arkansas
 TOI: A02I Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 46976
 Variable Closed
 Sub-TOI: A02I.002 Flexible Premium Co Tr Num: VICKIE-GAF-W State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird
 Author: Vickie Jerkins Disposition Date: 10/07/2010
 Date Submitted: 10/05/2010 Disposition Status: Approved-Closed

Implementation Date Requested: 01/01/2011

Implementation Date:

State Filing Description:

General Information

Project Name: GAF-W
 Project Number: GAF-W
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized
 Date Approved in Domicile: 10/04/2010
 Domicile Status Comments: A substantially similar filing has been approved by our domiciliary state of Nebraska effective June 23, 2010 and October 4, 2010.

Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 10/07/2010

Market Type: Individual
 Group Market Size:
 Group Market Type:
 Explanation for Other Group Market Type:
 State Status Changed: 10/07/2010
 Created By: Vickie Jerkins
 Corresponding Filing Tracking Number: PRTA-126846396

Deemer Date:
 Submitted By: Vickie Jerkins

Filing Description:
 FORM NUMBER....FORM TITLE
 SG-GAF-W-5007.....Waiver of Withdrawal Charge and Market Value Adjustment for Terminal Condition or Nursing Facility Confinement
 SG-GAF-W-5008.....Waiver of Withdrawal Charge for Terminal Condition or Nursing Facility Confinement

SERFF Tracking Number: PRTA-126846650 State: Arkansas
Filing Company: West Coast Life Insurance Company State Tracking Number: 46976
Company Tracking Number: VICKIE-GAF-W
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
Variable
Product Name: GAF-W
Project Name/Number: GAF-W/GAF-W

SG-GAF-W-5009.....Waiver of Withdrawal Charge and Market Value Adjustment for Unemployment
SG-GAF-W-5010.....Waiver of Withdrawal Charge for Unemployment

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.

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

The intended implementation date for this filing is January 1, 2011. This Individual Annuity Filing is being submitted for review and prior approval or filing acknowledged. This filing does not contain any unusual or possibly controversial items that vary from normal company or industry standards. These forms are in a series of filings which will eventually update our portfolio of products. A substantially similar filing has been approved by our domiciliary state of Nebraska effective June 23, 2010 and October 4, 2010.

These endorsements are issued in conjunction with the company's deferred annuity products, which are marketed to the general public on an individual basis by licensed producers through independent agents, banks and financial institutions, and other financial professionals such as planners and registered representatives of broker/dealers, in qualified and non-qualified markets. These endorsements are issued on a non-discriminatory basis to a range of issue ages to match the available issue ages of the associated annuities.

There is no charge for the endorsements as these are an enhancement to the base product. The cost of providing the benefit is factored into the pricing assumptions of the products with which it is offered.

Form SG-GAF-W-5007 will offer a "Waiver of Withdrawal Charge and Market Value Adjustment for Terminal condition or Nursing Facility Confinement" while SG-GAF-W-5009 offers "Waiver of Withdrawal Charge and Market Value Adjustment for Unemployment". All terms and conditions are outlined within the Endorsement. These Market Value Adjustment versions are used with Contract SG-MYG-W-2005, Approved February 22, 2010 under SERFF Tracking No. PRTA-126472624 / State No. 44696.

Form SG-GAF-W-5008 will offer a "Waiver of Withdrawal Charge for Terminal condition or Nursing Facility Confinement" while SG-GAF-W-5010 offers "Waiver of Withdrawal Charge for Unemployment". These versions are sustainably similar to the 5007 and 5009; however these versions will be issued on a base product that does not contain a Market Value Adjustment. All terms and conditions are outlined within the Endorsement. These endorsements will be issued with Contract SG-RFT-W-2005, Approved January 15, 2010 under SERFF Tracking No. PRTA-126450905 / State No.

SERFF Tracking Number: PRTA-126846650 State: Arkansas
 Filing Company: West Coast Life Insurance Company State Tracking Number: 46976
 Company Tracking Number: VICKIE-GAF-W
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
 Variable
 Product Name: GAF-W
 Project Name/Number: GAF-W/GAF-W
 44569.

The forms submitted in this filing have obtained the required FLESCH Ease of Reading Test Scores of 50 or greater. The forms provided in this filing have been created using a font size of 10 point or greater. The forms are in final laser print, subject only to minor modification in paper size, stock, ink, type face (but not font size), border, company logo and adaptation to computer printing, and subject to variable information as bracketed.

The only bracketed / variable items contained in these Endorsements are administrative information related to Company address and Officer Signature.

The submitted Endorsements are not supported by actuarial requirements. Based on this information, the actuarial materials of the previously approved contract(s) remain accurate and applicable.

If you are in need of further information to complete the review of this filing, I can be contacted via 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

Fee Required?	Yes
Fee Amount:	\$200.00
Retaliatory?	No
Fee Explanation:	\$50.00 per form x 4
Per Company:	No

SERFF Tracking Number: PRTA-126846650 State: Arkansas
Filing Company: West Coast Life Insurance Company State Tracking Number: 46976
Company Tracking Number: VICKIE-GAF-W
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: GAF-W
Project Name/Number: GAF-W/GAF-W

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
West Coast Life Insurance Company	\$200.00	10/05/2010	40264563

SERFF Tracking Number: PRTA-126846650 State: Arkansas
Filing Company: West Coast Life Insurance Company State Tracking Number: 46976
Company Tracking Number: VICKIE-GAF-W
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: GAF-W
Project Name/Number: GAF-W/GAF-W

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	10/07/2010	10/07/2010

SERFF Tracking Number: PRTA-126846650 State: Arkansas
 Filing Company: West Coast Life Insurance Company State Tracking Number: 46976
 Company Tracking Number: VICKIE-GAF-W
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
 Variable
 Product Name: GAF-W
 Project Name/Number: GAF-W/GAF-W

Form Schedule

Lead Form Number: SG-GAF-W-5007

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	SG-GAF-W-5007	Policy/Cont Waiver of Withdrawal Initial ract/Fratern Charge and Market al Value Adjustment for Certificate: Terminal Condition Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.600	SG-GAF-W-5007 (Endorsement).pdf
	SG-GAF-W-5008	Policy/Cont Waiver of Withdrawal Initial ract/Fratern Charge for Terminal al Condition or Nursing Certificate: Facility Confinement Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.600	SG-GAF-W-5008 (Endorsement).pdf
	SG-GAF-W-5009	Policy/Cont Waiver of Withdrawal Initial ract/Fratern Charge and Market al Value Adjustment for Certificate: Unemployment Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.140	SG-GAF-W-5009 (Endorsement).pdf
	SG-GAF-W-5010	Policy/Cont Waiver of Withdrawal Initial ract/Fratern Charge for al Unemployment	Initial		51.140	SG-GAF-W-5010 (Endorsement

SERFF Tracking Number: PRTA-126846650 State: Arkansas
Filing Company: West Coast Life Insurance Company State Tracking Number: 46976
Company Tracking Number: VICKIE-GAF-W
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: GAF-W
Project Name/Number: GAF-W/GAF-W

Certificate:).pdf
Amendmen
t, Insert
Page,
Endorseme
nt or Rider

**WAIVER OF WITHDRAWAL CHARGE AND MARKET VALUE ADJUSTMENT
for Terminal Condition or Nursing Facility Confinement**

We are amending the Contract to which this endorsement is attached by adding the following provision:

Waiver of Withdrawal Charge and Market Value Adjustment for Terminal Condition or Nursing Facility Confinement – We will waive any applicable withdrawal charge and market value adjustment if, after the Issue Date, you or your spouse:

1. are first diagnosed as having a terminal condition by a physician who is not related to you or the Annuitant; or,
2. first enter a hospital or nursing facility and remain confined there for a period of at least thirty (30) days.

A "terminal condition" is a non-correctable medical condition that, with a reasonable degree of medical certainty, will result in death in 12 months or less.

A "physician" is a medical doctor licensed by a state's Board of Medical Examiners, or similar authority in the United States, acting within the scope of her or his license.

For the purposes of this Waiver of Withdrawal Charge and Market Value Adjustment endorsement, the term 'spouse' includes bona fide domestic partners in jurisdictions that afford legal recognition to same sex Civil Unions.

You must request the waiver by Written Notice and submit proof satisfactory to us. Satisfactory proof includes a statement signed by the attending physician or, in the case of hospital or nursing facility confinement, a statement signed by the facility Administrator or other duly designated facility authority.

With respect to a claim based on a terminal condition, we reserve the right to require an examination by a physician of our choice at our expense. In the event of a conflict between the medical opinion of the attending physician and ours, the opinion of our physician shall prevail.

Once the waiver is granted:

- a. no withdrawal charges or market value adjustment will apply to the Contract in the future; and,
- b. no additional Purchase Payments will be accepted; and,
- c. we will not honor any instruction that would begin a new withdrawal charge period.

If we deny the waiver, your withdrawal request will not be processed until you have been notified of the denial and we provide you the opportunity to re-apply for the waiver or cancel your request.

Signed for the Company and made a part of the Contract as of its Issue Date.

West Coast Life Insurance Company



Secretary

**WAIVER OF WITHDRAWAL CHARGE
for Terminal Condition or Nursing Facility Confinement**

We are amending the Contract to which this endorsement is attached by adding the following provision:

Waiver of Withdrawal Charge for Terminal Condition or Nursing Facility Confinement –

We will waive any applicable withdrawal charge if, after the Issue Date, you or your spouse:

1. are first diagnosed as having a terminal condition by a physician who is not related to you or the Annuitant; or,
2. first enter a hospital or nursing facility and remain confined there for a period of at least thirty (30) days.

A "terminal condition" is a non-correctable medical condition that, with a reasonable degree of medical certainty, will result in death in 12 months or less.

A "physician" is a medical doctor licensed by a state's Board of Medical Examiners, or similar authority in the United States, acting within the scope of her or his license.

For the purposes of this Waiver of Withdrawal Charge endorsement, the term 'spouse' includes bona fide domestic partners in jurisdictions that afford legal recognition to same sex Civil Unions.

You must request the waiver by Written Notice and submit proof satisfactory to us. Satisfactory proof includes a statement signed by the attending physician or, in the case of hospital or nursing facility confinement, a statement signed by the facility Administrator or other duly designated facility authority.

With respect to a claim based on a terminal condition, we reserve the right to require an examination by a physician of our choice at our expense. In the event of a conflict between the medical opinion of the attending physician and ours, the opinion of our physician shall prevail.

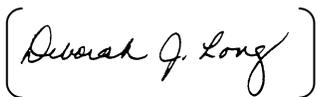
Once the waiver is granted:

- a. no withdrawal charges will apply to the Contract in the future; and,
- b. no additional Purchase Payments will be accepted; and,
- c. we will not honor any instruction that would begin a new withdrawal charge period.

If we deny the waiver, your withdrawal request will not be processed until you have been notified of the denial and we provide you the opportunity to re-apply for the waiver or cancel your request.

Signed for the Company and made a part of the Contract as of its Issue Date.

West Coast Life Insurance Company



Secretary

**WAIVER OF WITHDRAWAL CHARGE AND MARKET VALUE ADJUSTMENT
for UNEMPLOYMENT**

We are amending the Contract to which this endorsement is attached by adding the following provision:

Waiver of Withdrawal Charge and Market Value Adjustment for Unemployment – We will waive any applicable withdrawal charge and market value adjustment if, after the Issue Date, either you or your spouse met all of the following conditions:

1. were employed full-time on the Issue Date; and,
2. have been unemployed for at least 60 consecutive calendar days prior to claiming the waiver; and,
3. remain unemployed on the date the withdrawal is requested.

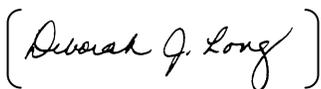
For the purposes of this Waiver of Withdrawal Charge and Market Value Adjustment endorsement, the term 'spouse' includes bona fide domestic partners in jurisdictions that afford legal recognition to same sex Civil Unions.

You must request the waiver by Written Notice and submit proof satisfactory to us that the conditions described above have been met.

If we deny the waiver, your withdrawal request will not be processed until you have been notified of the denial and we provide you the opportunity to re-apply for the waiver or cancel your request.

Signed for the Company and made a part of the Contract as of its Issue Date.

West Coast Life Insurance Company



Secretary

**WAIVER OF WITHDRAWAL CHARGE
for UNEMPLOYMENT**

We are amending the Contract to which this endorsement is attached by adding the following provision:

Waiver of Withdrawal Charge for Unemployment – We will waive any applicable withdrawal charge if, after the Issue Date, either you or your spouse met all of the following conditions:

1. were employed full-time on the Issue Date; and,
2. have been unemployed for at least 60 consecutive calendar days prior to claiming the waiver; and,
3. remain unemployed on the date the withdrawal is requested.

For the purposes of this Waiver of Withdrawal Charge endorsement, the term ‘spouse’ includes bona fide domestic partners in jurisdictions that afford legal recognition to same sex Civil Unions.

You must request the waiver by Written Notice and submit proof satisfactory to us that the conditions described above have been met. Once the waiver is granted, it remains in effect as long as the three qualifying conditions continue unless: a) you submit an additional Purchase Payment and we apply it to the Contract; or, b) you apply part or all of any Sub-Account's Maturity Value to establish a new Sub-Account. Should this occur, you may request a subsequent waiver provided the three qualifying conditions are again met.

If we deny the waiver, your withdrawal request will not be processed until you have been notified of the denial and we provide you the opportunity to re-apply for the waiver or cancel your request.

Signed for the Company and made a part of the Contract as of its Issue Date.

West Coast Life Insurance Company



Secretary

SERFF Tracking Number: PRTA-126846650 State: Arkansas
Filing Company: West Coast Life Insurance Company State Tracking Number: 46976
Company Tracking Number: VICKIE-GAF-W
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: GAF-W
Project Name/Number: GAF-W/GAF-W

Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

AR Certification.pdf

Readability Certification.pdf

Statement of Variables.pdf

WEST COAST LIFE INSURANCE COMPANY BIRMINGHAM, ALABAMA

CERTIFICATION OF COMPLIANCE

Arkansas

REGARDING:

FORM NUMBER....FORM TITLE

SG-GAF-W-5007.....Waiver of Withdrawal Charge and Market Value Adjustment for Terminal Condition
or Nursing Facility Confinement

SG-GAF-W-5008.....Waiver of Withdrawal Charge for Terminal Condition or Nursing Facility Confinement

SG-GAF-W-5009.....Waiver of Withdrawal Charge and Market Value Adjustment for Unemployment

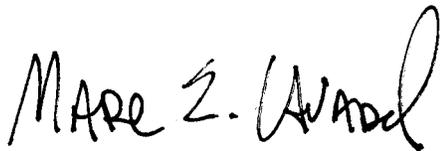
SG-GAF-W-5010.....Waiver of Withdrawal Charge for Unemployment

This is to certify that the Company is in compliance with Arkansas Insurance Department regarding:

Rule and Regulation 19 requirements of Unfair Sex Discrimination in the Sale of Insurance;

Rule and Regulation 49 requirements for Guaranty Association Notice;

Code Ann. 23-79-138 requirements for Consumer Notice.



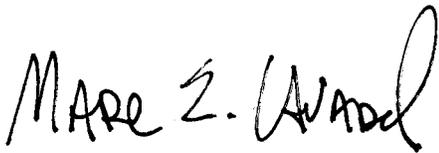
Marc E. Cavadel, J.D., FLMI, AAPA
AVP – Product Development
West Coast Life Insurance Company
October 4, 2010

READABILITY CERTIFICATION

Regarding:	Form Number	Form Title
	SG-GAF-W-5007	Waiver of Withdrawal Charge and Market Value Adjustment for Terminal Condition or Nursing Facility Confinement
	SG-GAF-W-5008	Waiver of Withdrawal Charge for Terminal Condition or Nursing Facility Confinement
	SG-GAF-W-5009	Waiver of Withdrawal Charge and Market Value Adjustment for Unemployment
	SG-GAF-W-5010	Waiver of Withdrawal Charge for Unemployment

This is to certify that the enclosed forms (and the corresponding state specific variations) have been created using fonts of 10 point or greater and have achieved compliance with the requirements for the FLESCH Ease of Reading Test, with scores as outlined in the following table.

	SG-GAF-W-5007	SG-GAF-W-5008	SG-GAF-W-5009	SG-GAF-W-5010
Words:	304	304	246	246
Sentences:	11	11	7	7
Syllables:	457	457	349	349
FLESCH Score:	51.6	51.6	51.14	51.14



Marc E. Cavadel, J.D., FLMI, AAPA
AVP – Product Development
West Coast Life Insurance Company

October 4, 2010

Statement of Variability

FORM NUMBER	FORM TITLE
SG-GAF-W-5007	Waiver of Withdrawal Charge and Market Value Adjustment for Terminal Condition or Nursing Facility Confinement
SG-GAF-W-5008	Waiver of Withdrawal Charge for Terminal Condition or Nursing Facility Confinement
SG-GAF-W-5010	Waiver of Withdrawal Charge and Market Value Adjustment for Unemployment
SG-GAF-W-5010	Waiver of Withdrawal Charge for Unemployment

General Variables

1. The appearance of the forms may vary in a non-material fashion depending upon factors including, but not limited to: changes in print vendor, software or hardware configurations; typeface, style and font attributes, but not font size; paper stock and weight; and, the presence or absence of color and shading.
2. No variables will change with respect to in-force contracts without notification, appropriate regulatory approvals, and (where required) consent of the owner.

Specific Variables

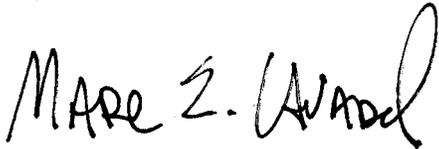
Company Administrative Office Address, Website, and/or Phone Number – *Will only be changed to accurately disclose the company's correct mailing address, internet address and/or phone number.*

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.*

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:



Marc E. Cavadel, J.D., FLMI, AAPA
AVP – Product Development
West Coast Life Insurance Company
October 4, 2010