

SERFF Tracking Number: PRTA-126620563 State: Arkansas
Filing Company: West Coast Life Insurance Company State Tracking Number: 45653
Company Tracking Number: BETH WCUE33
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: WC-UE33 5-10
Project Name/Number: WC-UE33 5-10/WC-UE33 5-10

Filing at a Glance

Company: West Coast Life Insurance Company

Product Name: WC-UE33 5-10

TOI: L09I Individual Life - Flexible Premium

Adjustable Life

Sub-TOI: L09I.001 Single Life

Filing Type: Form

SERFF Tr Num: PRTA-126620563 State: Arkansas

SERFF Status: Closed-Approved- State Tr Num: 45653

Closed

Co Tr Num: BETH WCUE33

State Status: Approved-Closed

Author: Beth Fledderman

Reviewer(s): Linda Bird

Date Submitted: 05/13/2010

Disposition Date: 05/14/2010

Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: WC-UE33 5-10

Project Number: WC-UE33 5-10

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/14/2010

Deemer Date:

Submitted By: Beth Fledderman

Filing Description:

NAIC 458-70335

FEIN 94-0971150

May 10, 2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Submitted to

Nebraska concurrently.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 05/14/2010

Created By: Beth Fledderman

Corresponding Filing Tracking Number: PRTA-126620436

SERFF Tracking Number: PRTA-126620563 State: Arkansas
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Re: WC-UE33 5-10 /// Internal Replacement Option Endorsement

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 listed in the "Corresponding Filing Tracking Number" area.

The captioned form is being submitted for review and approval. It is a new form, which 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, the company plans to use the submitted endorsement with base flexible premium adjustable life insurance policy form WC-U17-AR 2-10 (approved 05/12/2010; Tracking Number PRTA-126596597). After state approval and system implementation of the endorsement, we currently plan to issue it with each policy issued on this policy form, including but not limited to policies already in force at the time the endorsement is implemented.

The endorsement allows internal replacement of the original policy without evidence of insurability under conditions outlined in the endorsement.

The submitted form is in final print, just, as it will be delivered to contract owners. The company reserves the right at any time to make minor non-material format changes including, but not limited to: paper stock, type face (but not font size) and page layout that become unavoidably necessary as a result of computer hardware and/or software upgrades and print technology changes. We certify that any necessary format changes will not affect the specific content of the approved form.

The form is being filed concurrently in the company's domiciliary state of Nebraska.

If you need further information, please contact Beth Fledderman via SERFF, toll-free phone (800) 866-3555 x5539, or e-mail beth.fledderman@protective.com.

Sincerely,
Beth Fledderman
Contract Filing Specialist
Life and Annuity Division / Product Development

Company and Contact

Filing Contact Information

SERFF Tracking Number: *PRTA-126620563* *State:* *Arkansas*
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TOI: *L09I Individual Life - Flexible Premium* *Sub-TOI:* *L09I.001 Single Life*
 Adjustable Life
Product Name: *WC-UE33 5-10*
Project Name/Number: *WC-UE33 5-10/WC-UE33 5-10*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	05/14/2010	05/14/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Internal Replacement Option Endorsement	Beth Fledderman	05/13/2010	05/13/2010

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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		Yes
Supporting Document	Statement of Variability		Yes
Form (<i>revised</i>)	Internal Replacement Option		Yes
	Endorsement		
Form	Internal Replacement Option		Yes
	Endorsement		

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Amendment Letter

Submitted Date: 05/13/2010

Comments:

We discovered the form was submitted with the incorrect form number. Please find the corrections attached.

Please contact me if you have questions or comments.

Beth Fledderman
 (800) 866-3555, Ext. 5539
 beth.fledderman@protective.com

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
WC-UE33 5-10	Policy/Contract	Internal Fraternal Replacement Certificate: t Option Amendment, Endorsement Insert t Page, Endorsement or Rider	Initial				50.700	WC-UE33 5-10.pdf

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Form Schedule

Lead Form Number: WC-UE33 5-10

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	WC-UE33 5-10	Policy/Cont ract/Fraternal Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Internal Replacement Option Endorsement	Initial		50.700	WC-UE33 5-10.pdf



**West Coast Life
Insurance Company**

A PROTECTIVE COMPANY

State of Domicile: [Nebraska]

[P.O. Box 830570, Birmingham, AL 35283
Home Office: Birmingham, Alabama
1-800-366-9378]

INTERNAL REPLACEMENT OPTION ENDORSEMENT

Policy Number: [SPECIMEN] **Latest Replacement Date:** [05/01/2020]

We have issued this endorsement as part of the Policy to which it is attached to add an internal replacement option to the Policy. All provisions not expressly modified by this endorsement remain in full force and effect.

Replacement Option: After the 1st Policy Anniversary and Prior to the Latest Replacement Date, shown above, you may surrender this base policy (the "Original Policy") and replace it, without evidence of insurability, with a new policy of flexible premium adjustable life insurance, whole life or other similar plan of life insurance that we may designate (the "Replacement Policy"). We will always have at least one such policy available. We are not required to have more than one Replacement Policy available. The designation of any particular policy as a Replacement Policy will be effective only during the time when that policy remains so designated by the Company. You may not replace the policy if:

1. The attained Age of the insured is less than the minimum issue age for the Replacement Policy; or
2. The attained Age of the insured is greater than the maximum issue age for the Replacement Policy.

The Replacement Policy: The Replacement Policy will be issued at the attained age of the Insured as defined under the Replacement Policy. The Replacement Policy will be issued with a risk classification that, in our judgment, most closely corresponds to the risk classification of the Original Policy. The Replacement Policy will only be issued with a face amount equal to the face amount of the Original Policy. The two year period for the Contestability and Suicide Exclusion provisions of the Replacement Policy will begin on the Policy Effective Date of the Original Policy, or the latest reinstatement date.

Surrender Charges: If the surrender charge for the first policy year of the Replacement Policy is greater than or equal to that of the Original Policy, the surrender charge on the Original Policy will be waived. In the event that the surrender charge for the first policy year of the Replacement Policy is less than that of the Original Policy, an adjusted surrender charge equal to the difference between the two will be applied to the Original Policy.

Repayment of Policy Debt: Policy Debt, if any, must be repaid in full prior to the surrender of the Original Policy.

Additional Benefits: The issuance of any rider under the Replacement Policy will be at our discretion. Evidence of insurability, the intended use of the policy, and continued adequate insurable interest, in each case satisfactory to us, may be required to obtain any rider under the Replacement Policy. Any evidence of insurability required by us will be obtained at the Owner's expense.

Termination: This endorsement terminates on the Latest Replacement Date or when the Policy to which it is attached terminates.

Reinstatement: If the Policy to which this endorsement is attached is reinstated, according to the applicable Policy Provisions, prior to the Latest Replacement Date, this endorsement will also be reinstated.

Signed by the Company as of the Effective Date.

WEST COAST LIFE INSURANCE COMPANY

[*Deborah J. Long*]

[Secretary]

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: WC-UE33 Readability Certification.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Not applicable to this filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage		
Bypass Reason: Not applicable to this filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment: WC-UE33 Statement of Variability.pdf		

WEST COAST LIFE INSURANCE COMPANY

READABILITY CERTIFICATION

This is to certify that the attached Form Number WC-UE33 5-10, along with all state variations has achieved a Flesch Reading Ease Test Score of 50.7.

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

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

May 10, 2010

**Statement of Variability
Internal Replacement Option Endorsement – Form WC-UE33 5-10**

General Information

Variable material is denoted by [square brackets].

Specific Variables

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.

Latest Replacement Date: The date will be calculated based on the plan of insurance purchased, the initial premium chosen and will not be greater than the Insured's attained Age 70.

Company Officer Name, Title, and Signature

Will only be changed to accurately disclose the company's officer. 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:



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

May 10, 2010

<i>SERFF Tracking Number:</i>	<i>PRTA-126620563</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>West Coast Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45653</i>
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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/12/2010	Form	Internal Replacement Option Endorsement	05/13/2010	WC-UE33 5-10.pdf (Superseded)



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WEST COAST LIFE INSURANCE COMPANY

[*Deborah J. Long*]

[Secretary]