

SERFF Tracking Number: PRTA-126699443 State: Arkansas  
 Filing Company: Protective Life Insurance Company State Tracking Number: 46115  
 Company Tracking Number: VICKIE PL436  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: F-LAD-436 (06/10), etal  
 Project Name/Number: F-LAD-436 (06/10), etal/F-LAD-436 (06/10), etal

## Filing at a Glance

Company: Protective Life Insurance Company

Product Name: F-LAD-436 (06/10), etal

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: PRTA-126699443 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 46115

Co Tr Num: VICKIE – PL436

State Status: Approved-Closed

Author: Vickie Jerkins

Reviewer(s): Linda Bird

Date Submitted: 07/02/2010

Disposition Date: 07/06/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: 08/16/2010

Implementation Date:

State Filing Description:

## General Information

Project Name: F-LAD-436 (06/10), etal

Project Number: F-LAD-436 (06/10), etal

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: 07/06/2010

Explanation for Other Group Market Type:

State Status Changed: 07/06/2010

Deemer Date:

Created By: Vickie Jerkins

Submitted By: Vickie Jerkins

Corresponding Filing Tracking Number: PRTA-126701654

Filing Description:

FORM NUMBER.....FORM TITLE

F-LAD-436 (06/10).....Supplemental Application – Child Rider Non-Medical Declarations

U-646 (06/10).....Foreign Travel and Residence Supplement

With the exception of company specific information (Name, Logo, Addresses, Form numbering, etc) this filing is identical to a SERFF submission for West Coast Life Insurance Company. Please see SERFF General Information Tab /

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Corresponding Filing Tracking Number.

The intended implementation date for this filing is August 16, 2010 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 Tennessee, concurrently.

These Standalone Supplemental Application forms will be used to assist underwriting for new issue only. Currently these forms will be used in conjunction with previously approved application 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 F-LAD-436 is a supplemental application, which will be used to obtain detailed information related to Non-Medical Declarations of the Purposed Insured, which will be the child associated with applying for a Children's Term Rider. This form has obtained a FLESch East of Reading Test Score of 57.85.

Form U-646 is a questionnaire related to Foreign Travel and Residence. This form has obtained a FLESch East of Reading Test Score of 52.94.

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.

The only variable field is related to Company Address— which will only be changed to accurately disclose the company's correct mailing address.

Actuarial Materials are not required with this application type filing.

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

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: \$100.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 per form x 2 = \$100.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Protective Life Insurance Company	\$100.00	07/02/2010	37714815

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/06/2010	07/06/2010

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## Disposition

Disposition Date: 07/06/2010

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		Yes
Supporting Document	Application		No
Supporting Document	Statement of Variables		Yes
Form	Supplemental Application – Child Rider		Yes
	Non-Medical Declarations		
Form	Foreign Travel and Residence		Yes
	Supplement		

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## Form Schedule

### Lead Form Number: F-LAD-436 (06/10)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	F-LAD-436 (06/10)	Application/ Supplemental Enrollment Form Application – Child Rider Non-Medical Declarations	Initial		57.850	F-LAD-436 (06_10).pdf
	U-646 (06/10)	Application/ Foreign Travel and Enrollment Form Residence Supplement	Initial		52.940	U-646 (06_10).pdf

**SUPPLEMENTAL APPLICATION - CHILD RIDER NON-MEDICAL DECLARATIONS**

(a)	_____	_____	_____	_____
	Child # 1 (Print name)	Date of Birth	Height	Weight
(b)	_____	_____	_____	_____
	Child #2 (Print name)	Date of Birth	Height	Weight
(c)	_____	_____	_____	_____
	Child #3 (Print name)	Date of Birth	Height	Weight

**Please complete a separate form if you are applying for the Children's Term Rider on more than three children.**

<b>1. Answer the following medical information for all children:</b>	Child #1	Child #2	Child #3
Have any of the children ever been treated or diagnosed by a physician as having: (Mark "Yes" or "No" AND circle conditions to which "Yes" answer applies and give details in number 3 below.)	<b>Yes</b>	<b>No</b>	<b>Yes</b>
(a) Disorder of brain or spinal cord, paralysis, mental disorder, epilepsy, convulsions, chronic headaches.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Asthma, bronchitis, tuberculosis or other disorder of the lungs or respiratory system.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) High Blood Pressure, heart murmur, chest pain or other disorder of the heart or blood vessels.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Any disorder of the esophagus, stomach, intestines, liver or pancreas.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Sugar or blood in the urine, chronic inflammation or other disorder of the kidneys.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Cancer or tumor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Arthritis, disorder of the muscles, skin or bones including joints or spine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Diabetes, recurrent infections, enlarged lymph glands, anemia, excess fatigue or other disorders of the glandular or blood systems.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Acquired Immune Deficiency Syndrome (AIDS) or "AIDS" related complex (ARC).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) Been on or advised by a physician to be on any medication or prescribed diet?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) Other than previously stated, had examination, treatment or consultation with a physician.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(l) State the specific date of last medical consultation.....	_/_/_	_/_/_	_/_/_
(m) Name of Personal Physician _____	mmddyyy	mmddyyy	mmddyyy
Address of Personal Physician _____			

<b>2. Answer Section 1 and Section 2 for children age 15 through 18:</b>	Child #1	Child #2	Child #3
Have any of the children age 15 through 18: (Mark "Yes" or "No" AND circle conditions to which "Yes" answer applies and give details in number 3 below.)	<b>Yes</b>	<b>No</b>	<b>Yes</b>
(a) Sought or been advised to seek advice or treatment, or been arrested for the use of drugs or alcohol?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Ever used narcotics, sedatives, depressants, stimulants or hallucinogens, other than under a doctor's prescription and directions?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Ever used marijuana, cocaine, or any illegal drug or been arrested for the possession of drugs?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Ever been or is currently a member of any alcohol or drug rehabilitation program?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Ever attempted suicide?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Child's Name	Question Number	Date of Diagnosis	Diagnosis - Medication Prescribed	Full Name and Complete Address of Attending Physician or Hospital

**Please use the Continuation of Information form U-642 (2/01) if additional space is needed for the details listed above.**

The above statements and answers are true and complete to the best of my knowledge and belief. I agree that such statements and answers shall be part of the application and shall be considered the basis of any insurance issued.

Witness \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

1. Proposed Insured (Please print)	Date of Birth	Policy #
2. Of what country are you a citizen?	3. If not a U.S. citizen, what type of visa and expiration date?	
4. How long have you resided in the U.S?		
5. Do you plan to <u>reside</u> outside the U.S. or Canada in the next 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please state dates, locations, including cities and countries, frequency and length of stay.		
6. Do you plan to <u>travel</u> outside the U.S. or Canada in the next 12 months?? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please state dates, locations, including cities and countries, frequency and length of stay.		
7. For what purpose is this foreign travel or residence? Please give a brief description of your duties while traveling or residing abroad.		
8. Please provide details of previous travel within the past 2 years. Please state dates, locations, frequency, and duration of visits.		
9. Do you expect to visit non-urban areas? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please give details of: a. Your likely accommodations _____ b. The availability of medical facilities _____		
10. Would you consider traveling to war zones or hazardous areas? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please give details.		
11. Do you anticipate flying other than as a passenger on regularly scheduled commercial airlines? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please give full details.		
12. Additional details and comments:		
<p>I represent that the answers I have given are true to the best of my knowledge and belief and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree to inform Protective Life Insurance Company of any material changes before the insurance is in effect.</p> <p>Any person who knowingly with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties, according to state law.</p>		
Signed at _____ City State		Date _____
Witness _____		Proposed Insured _____

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## Supporting Document Schedules

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachments:**

AR Certification.pdf

Readability Certification.pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Statement of Variables

**Comments:**

**Attachment:**

Statement of Variables.pdf

# PROTECTIVE LIFE INSURANCE COMPANY BIRMINGHAM, ALABAMA

## CERTIFICATION OF COMPLIANCE

### Arkansas

**FORM NUMBER.....FORM TITLE**

F-LAD-436 (06/10).....Supplemental Application – Child Rider Non-Medical Declarations

U-646 (06/10).....Foreign Travel and Residence Supplement

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.



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

June 29, 2010

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

NAIC 458-68136  
FEIN 63-0169720

## READABILITY CERTIFICATION

<b>Regarding:</b>	<b>Form Number</b>	<b>Form Title</b>
	F-LAD-436 (06/10)	Supplemental Application – Child Rider Non-Medical Declarations
	U-646 (06/10)	Foreign Travel and Residence Supplement

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.

	<b>F-LAD-436</b>	<b>U-646</b>
<b>Words:</b>	629	360
<b>Sentences:</b>	16	19
<b>Syllables:</b>	811	573
<b>FLESCH Score:</b>	57.85	52.94



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

June 28, 2010

Protective Life Insurance Company  
Birmingham, Alabama 35282-9887

NAIC 458-68136  
FEIN 63-0169720

## **Statement of Variability**

**Form: F-LAD-436 (06/10) and U-646 (06/10)**

**(and state variations)**

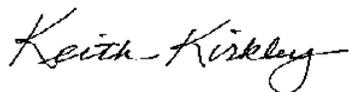
### **General AND Specific Variables**

Company Address – Will only be changed to accurately disclose the company's correct mailing address.

### **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  
June 25, 2010