

SERFF Tracking Number: PRTA-126701654 State: Arkansas
 Filing Company: West Coast Life Insurance Company State Tracking Number: 46114
 Company Tracking Number: VICKIE W436
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: WC-LAD-436 (06/10), etal
 Project Name/Number: WC-LAD-436 (06/10), etal/WC-LAD-436 (06/10), etal

Filing at a Glance

Company: West Coast Life Insurance Company

Product Name: WC-LAD-436 (06/10), etal SERFF Tr Num: PRTA-126701654 State: Arkansas
 TOI: L08 Life - Other SERFF Status: Closed-Approved- State Tr Num: 46114
 Closed

Sub-TOI: L08.000 Life - Other Co Tr Num: VICKIE – W436 State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird
 Author: Vickie Jerkins Disposition Date: 07/06/2010
 Date Submitted: 07/02/2010 Disposition Status: Approved-Closed

Implementation Date Requested: 08/16/2010

State Filing Description:

General Information

Project Name: WC-LAD-436 (06/10), etal
 Project Number: WC-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 Nebraska, concurrently.

Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 07/06/2010

Market Type: Individual
 Group Market Size:
 Group Market Type:
 Explanation for Other Group Market Type:
 State Status Changed: 07/06/2010
 Created By: Vickie Jerkins
 Corresponding Filing Tracking Number: PRTA-126699443

Deemer Date:
 Submitted By: Vickie Jerkins

Filing Description:
 FORM NUMBER.....FORM TITLE
 WC-LAD-436 (06/10).....Supplemental Application – Child Rider Non-Medical Declarations
 WC-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 Protective Life Insurance Company. Please see SERFF General Information Tab /

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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.

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 Nebraska, concurrently.

These Standalone Supplemental Application forms will be used to assist underwriting for new issue only.

Form WC-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 FLESCHE East of Reading Test Score of 57.85.

Form WC-U-646 is a questionnaire related to Foreign Travel and Residence. This form has obtained a FLESCHE 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. West Coast 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.

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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

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: \$50.00 per filing x 2
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
West Coast Life Insurance Company	\$100.00	07/02/2010	37714814

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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.

SERFF Tracking Number: *PRTA-126701654* State: *Arkansas*
 Filing Company: *West Coast Life Insurance Company* State Tracking Number: *46114*
 Company Tracking Number: *VICKIE W436*
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 Product Name: *WC-LAD-436 (06/10), etal*
 Project Name/Number: *WC-LAD-436 (06/10), etal/WC-LAD-436 (06/10), etal*

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 Supplement		Yes

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Form Schedule

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

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

1. Answer the following medical information for all children: 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.)	Child #1	Child #2	Child #3
	Yes No	Yes No	Yes No
(a) Disorder of brain or spinal cord, paralysis, mental disorder, epilepsy, convulsions, chronic headaches.....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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"/> <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"/> <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"/> <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"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
(f) Cancer or tumor.....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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"/> <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"/> <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"/> <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"/> <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"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
(l) State the specific date of last medical consultation.....	___/___/___ mmddyyyy	___/___/___ mmddyyyy	___/___/___ mmddyyyy
(m) Name of Personal Physician _____ Address of Personal Physician _____			

2. Answer Section 1 and Section 2 for children age 15 through 18: 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.)	Child #1	Child #2	Child #3
	Yes No	Yes No	Yes No
(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"/> <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"/> <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"/> <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"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
(e) Ever attempted suicide?.....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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

Please use the Continuation of Information form WC-U-642 (6/09) 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 West Coast 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 _____ <div style="display: flex; justify-content: space-around; width: 100%;"> City State </div>		Date _____
Witness _____		Proposed Insured _____

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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

Readability Certification.pdf

Item Status:

Status

Date:

Satisfied - Item: Statement of Variables

Comments:

Attachment:

Statement of Variables.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-LAD-436 (06/10)	Supplemental Application – Child Rider Non-Medical Declarations
	WC-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.

	WC-LAD-436	WC-U-646
Words:	629	360
Sentences:	16	19
Syllables:	811	573
FLESCH Score:	57.85	52.94

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

June 28, 2010

West Coast Life Insurance Company
Birmingham, Alabama 35282-9887

NAIC 458-70335
FEIN 94-0971150

Statement of Variability

Forms: WC-LAD-436 (06/10) and WC-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 and phone 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
June 25, 2010