

SERFF Tracking Number: PRTA-126731520 State: Arkansas
 Filing Company: West Coast Life Insurance Company State Tracking Number: 46287
 Company Tracking Number: VICKIE W100
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: WN-100 7-10, et al
 Project Name/Number: WN-100 7-10, et al/WN-100 7-10, et al

Filing at a Glance

Company: West Coast Life Insurance Company

Product Name: WN-100 7-10, et al

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: PRTA-126731520 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 46287

Co Tr Num: VICKIE – W100

State Status: Approved-Closed

Author: Vickie Jerkins

Reviewer(s): Linda Bird

Date Submitted: 07/22/2010

Disposition Date: 08/04/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: 08/23/2010

Implementation Date:

State Filing Description:

General Information

Project Name: WN-100 7-10, et al

Project Number: WN-100 7-10, et al

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:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/04/2010

Explanation for Other Group Market Type:

State Status Changed: 08/04/2010

Deemer Date:

Created By: Vickie Jerkins

Submitted By: Vickie Jerkins

Corresponding Filing Tracking Number: PRTA-126732427

Filing Description:

FORM NUMBER.....FORM TITLE

WN-100 7-10.....Important Notice Regarding "Save-Age" Dating of Policy

WC-108-AR (07/10)Continuation of Information for Part I (Non-Medical) and Part II (Medical)

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

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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. Please see SERFF General Information Tab / Corresponding Filing Tracking Number.

The intended implementation date for this filing is August 23, 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.

WN-100 will be used for "save age" backdating of policies. This may be requested on any of the Companies life products, by any applicant for whom it appears suitable, by means of the application indicating "save age" (or similar wording) in the Remarks section. However, policies will not be backdated more than six months prior to what would otherwise have been the delivery date.

WC-108 will be used to capture "overflow" information form the basic application that would not fit on the application itself.

These forms have 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. The 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 non-John Doe variable fields are related to Company Address and Phone Number – which will only be changed to accurately disclose the Company's correct contact information.

Actuarial Materials are not required with this application and notice 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

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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 FORM
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
West Coast Life Insurance Company	\$100.00	07/22/2010	38205384

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/04/2010	08/04/2010

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Disposition

Disposition Date: 08/04/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number: WN-100 7-10

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	WN-100 7-10	Policy/Cont Important Notice ract/Fratern Regarding "Save-al Age" Dating of Policy Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		53.250	WN-100 7-10.pdf
	WC-108-AR (07/10)	Application/Continuation of Enrollment Information for Part I Form (Non-Medical) and Part II (Medical)	Initial		50.360	WC-108-AR (07_10).pdf



**West Coast Life
Insurance Company**

A PROTECTIVE COMPANY

**IMPORTANT NOTICE
REGARDING "SAVE-AGE" DATING OF POLICY**

Policy Number: [SPECIMEN]

Insured: [John Doe]

Policy Owner: [John Doe]

Your West Coast Life policy has been dated to "save-age". This means that we have issued your policy with a Policy Date that results in a lower premium rate because the policy contract reflects an age that is lower than the insured's actual age. Premiums will be payable from this "save-age" Policy Date, even though the Policy Date will be earlier than the date the policy is delivered to you. Whether or not you select this option, coverage begins only when the policy is delivered and the first premium is paid, unless you have obtained temporary coverage under our Conditional Receipt Agreement or our Temporary Life Insurance Receipt.

In exchange for the lower premium rate you receive with "save-age" dating, you will pay premiums for the period between the Policy Date and the date of delivery of your policy, **which is a period in which you receive no insurance coverage.** The amount of premiums you will pay for this non-covered period depends on how long it took to approve, issue, and deliver the policy to you.

Should you have any questions about this dating, however, you should consult with your Agent or call our Policyholder Services Department at [1-800-366-9378] to discuss this.

You are free to accept or decline this option of having your policy dated to "save-age". Complete and sign below to indicate your choice, and return the Company copy of this notice to us. Keep the Policy copy with your policy. If you decline to accept your policy which has been dated in this manner, you will be sent a reissued or amended policy with a current date (with coverage in effect while the policy is redated).

WEST COAST LIFE INSURANCE COMPANY

_____ **Accept** "save-age" dating of policy.

_____ **Decline** "save-age" dating of policy. **(Please contact your Agent for any Revised Premium Quote.)**

Signature of Insured

Date

Signed at (City/State)

Signature of Owner

Date

Signed at (City/State)



**West Coast Life
Insurance Company**

A PROTECTIVE COMPANY

**WEST COAST LIFE INSURANCE COMPANY
[P. O. BOX 830570 / Birmingham, AL 35283]**

Continuation of Information for Part I (Non-Medical) and Part II (Medical)

Proposed Insured: _____ Policy Number: _____
Last Name First Name M.I.

[Large empty rectangular box for providing detailed information.]

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.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed at _____ this _____ day of _____, 20 ____
(City, State)

Signature of Proposed Insured

Signature of Parent or Legal Guardian

Signature of Owner, If Other than Proposed Insured

Signature of Witness

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

Readability Certification (W).pdf
AR Certification.pdf

Item Status: **Status**
Date:

Satisfied - Item: Statement of Variables

Comments:

The only variable fields are related to Company Address and Phone Number – which will only be changed to accurately disclose the Company's correct contact information.

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
	WN-100 7-10	Save-Age Notice
	WC-108 (07/10)	Continuation of Information for Part I (Non-Medical) and Part II (Medical)

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.

	WN-100	WC-108
Words:	331	210
Sentences:	14	18
Syllables:	507	359
FLESCH Score:	53.25	50.36

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

July 20, 2010

WEST COAST LIFE INSURANCE COMPANY BIRMINGHAM, ALABAMA

CERTIFICATION OF COMPLIANCE

Arkansas

REGARDING:

FORM NUMBER.....FORM TITLE

WN-100 7-10.....Save-Age Notice

WC-108 (07/10)Continuation of Information for Part I (Non-Medical) and Part II (Medical)

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

July 20, 2010

West Cost Life Insurance Company
Birmingham, Alabama 35282-9887

NAIC 458-70335
FEIN 94-0971150

Statement of Variability

WN-100 7-10 (and state variations) General Variables & Specific Variables

1. Specimen data provided for Policy Number, Insured, and Policy Owner. Fields are determinable and will populate at policy issue.
2. Phone Number for Policyholder Services Department - Will only be changed to accurately disclose the correct phone number for Customer Service.

WC-108 (07/10) (and state variations) General Variables & Specific Variables

1. 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
West Coast Life Insurance Company
July 20, 2010