

SERFF Tracking Number: PRTA-126760736 State: Arkansas  
Filing Company: West Coast Life Insurance Company State Tracking Number: 46454  
Company Tracking Number: BETH WCUE35R  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: WC-UE35SR 8-10, et al  
Project Name/Number: WC-UE35SR 8-10, et al/WC-UE35SR 8-10, et al

## Filing at a Glance

Company: West Coast Life Insurance Company

Product Name: WC-UE35SR 8-10, et al SERFF Tr Num: PRTA-126760736 State: Arkansas  
TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num: 46454  
Adjustable Life Closed  
Sub-TOI: L09I.001 Single Life Co Tr Num: BETH WCUE35R State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Linda Bird  
Author: Beth Fledderman Disposition Date: 08/12/2010  
Date Submitted: 08/11/2010 Disposition Status: Approved-Closed  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: WC-UE35SR 8-10, et al  
Project Number: WC-UE35SR 8-10, et al  
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Filing Status Changed: 08/12/2010

Deemer Date:  
Submitted By: Beth Fledderman

Filing Description:  
NAIC 458-70335  
FEIN 94-0971150

August 12, 2010

Re: WC-UE35R 8-10 /// Supplemental Policy Schedule

Status of Filing in Domicile: Pending  
Date Approved in Domicile:  
Domicile Status Comments: Filed in Nebraska concurrently.  
Market Type: Individual  
Group Market Size:  
Group Market Type:  
Explanation for Other Group Market Type:  
State Status Changed: 08/12/2010  
Created By: Beth Fledderman  
Corresponding Filing Tracking Number: PRTA-126760768

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W-U-437R (8/10) /// Supplemental Application

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. We show the corresponding SERFF Tracking Number in the "Corresponding Filing Tracking Number" area.

We are submitting the captioned forms for review and approval. This filing does not contain any unusual or possibly controversial items that vary from normal company or industry standards.

We are submitting these forms to add a monthly payout option to the previously approved Pre-Determined Death Benefit Payout Endorsement (approved 06/28/2010, SERFF Tracking PRTA-126687850; State Tr Num: 46042). While the endorsement does not specify a monthly or annual payout, the previous versions of the application and policy schedule only offer an annual payout option. A comparison document showing the changes to the application is attached. The new Policy Schedule includes revised bracketing, accompanied by a revised statement of variability that shows both the annual and monthly payout options.

The submitted forms are in final print, just, as they 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.

We are filing the form 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](mailto:beth.fledderman@protective.com).

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

## Company and Contact

### Filing Contact Information

Elizabeth Fledderman, Policy Contract Filing Specialist    [elizabeth.fledderman@protective.com](mailto:elizabeth.fledderman@protective.com)

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2801 Highway 280 South 800-866-3555 [Phone] 5539 [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

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: 2 forms and no retaliatory fee = \$100.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
West Coast Life Insurance Company	\$100.00	08/11/2010	38700688

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/12/2010	08/12/2010

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## Disposition

Disposition Date: 08/12/2010

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	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Application Comparison		Yes
Form	Supplemental Policy Schedule		Yes
Form	Supplemental Application		Yes

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## Form Schedule

### Lead Form Number: WC-UE35SR 8-10

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	WC-UE35SR 8-10	Schedule Pages	Supplemental Policy Schedule	Initial		0.000	WC-UE35SR 8-10.pdf
	W-U-437R (8/10)	Application/ Enrollment Form	Supplemental Application	Initial		52.200	W-U-437R (8.10).pdf

**SUPPLEMENTAL POLICY SCHEDULE**

**POLICY NUMBER:** [SPECIMEN]

**PRE-DETERMINED DEATH BENEFIT PAYOUT ENDORSEMENT**

**POLICY INFORMATION ON THE POLICY EFFECTIVE DATE**

**POLICY EFFECTIVE DATE:** [JULY 1, 2010]  
**INSURED:** [JOHN DOE]  
**AGE:** [35]  
**GENDER:** [MALE]  
**INITIAL DEATH BENEFIT OPTION:** [LEVEL]

**DEATH BENEFIT PAYMENT SCHEDULE**

THE DEATH BENEFIT PAYMENT SCHEDULE INDICATES HOW DEATH BENEFIT PROCEEDS WILL BE PAID.

**INITIAL LUMP SUM BENEFIT:** [\$100,000]  
**[ANNUAL][MONTHLY] BENEFIT INSTALLMENTS:** [\$100,000] FOR [10] YEARS  
**TOTAL BENEFIT PAYMENT INCLUDING INSTALLMENTS:** [\$1,100,000]

**INITIAL FACE AMOUNT\*:** [\$950,000]

\*THE INITIAL FACE AMOUNT IS THE AMOUNT USED TO DETERMINE THE POLICY DEATH BENEFIT, PREMIUMS, VALUES, CHARGES AND FEES. IT IS DETERMINED SO THAT ON THE POLICY EFFECTIVE DATE, THE INITIAL FACE AMOUNT IS THE INITIAL LUMP SUM BENEFIT PLUS THE PRESENT VALUE OF THE ANNUAL BENEFIT INSTALLMENTS.



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## Supporting Document Schedules

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

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachment:**

WCL Readability Certification.pdf

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

**Satisfied - Item:** Statement of Variability

**Comments:**

**Attachment:**

WC-UE35SR 8-10 SOV.pdf

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

**Satisfied - Item:** Application Comparison

**Comments:**

**Attachment:**

Application Compare.pdf

**WEST COAST LIFE INSURANCE COMPANY**

**READABILITY CERTIFICATION**

I certify that the submitted forms have achieved Flesch Reading Ease Test Scores as follows. Each form listed includes state variations.

<b>Form Number</b>	<b>Flesch Score</b>
WC-UE35SR 8-10	N/A (Schedule)
W-U-437R (8/10)	52.2



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Keith Kirkley, JD, MBA  
Assistant Vice President

Date: August 12, 2010

**Statement of Variability**  
**Supplemental Policy Schedule – WC-UE35SR 8-10**  
**Supplemental Application – W-U-437R (8/10)**

**General Information**

Variable material is denoted by [square brackets].

Data and table entries that are dependent upon gender, age, rate class, premium pattern, interest rates, etc., are determinable and will populate the appropriate data fields at policy issue. The Schedule Page numbering may vary due to the length of table entries, etc.

No variables will change with respect to in-force policies without notification, appropriate regulatory approvals, and (where required) consent of the contract holder, owner or participant.

**Specific Variables**

**Form WC-UE35S 6-10**

**POLICY INFORMATION ON THE POLICY EFFECTIVE DATE**

**Items vary by applicant, or "John Doe" information**

Policy Effective Date, Insured, Age, Gender, Initial Death Benefit Options

**DEATH BENEFIT PAYMENT SCHEDULE**

**Items vary based upon choices of the Owner.**

Initial Lump Sum - May range from \$0 to the initial face amount

Annual/Monthly Benefit Installments – the owner chooses annual or monthly installments; the dollar figure of each installment; and the duration ranging from 2 to 30 years.

Total Benefit Payment including installments – the sum of the initial lump sum amount and the total annual benefit installments.

Initial Face Amount – the sum of the initial lump sum amount and the present value of the total annual benefit installments.

**Form W-U-437 (6/10)**

**Company Address and Phone Number**

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:

A handwritten signature in black ink that reads "Keith Kirkley". The signature is written in a cursive style with a large initial 'K' and a long, sweeping underline.

---

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

August 12, 210

# Text Comparison

## Documents Compared

W-U-437 (610).pdf - Adobe Acrobat Professional

W-U-437R (8.10).pdf - Adobe Acrobat Professional

## Summary

168 word(s) added

64 word(s) deleted

89 word(s) matched

5 block(s) matched

To see where the changes are, scroll down.

~~West Coast Life Insurance Company~~

~~[P.O. Box 830570~~

~~Birmingham, Alabama, 35283]~~

~~Supplemental Application~~  
~~Pre-Determined Death Benefit Payout Endorsement~~

Proposed Insured \_\_\_\_\_ Policy Number \_\_\_\_\_

- I wish to elect the Pre-Determined Death Benefit Payout Endorsement.
- Please indicate the desired Death Benefit Payment Schedule:

Initial Lump Sum, if any: \$ \_\_\_\_\_  
~~Annual Benefit Amount:~~ \$ \_\_\_\_\_  
~~Installment Duration:~~ \_\_\_\_\_ Years  
~~Installment Date~~ \_\_\_\_\_ Month \_\_\_\_\_ Day

- Beneficiary: If multiple beneficiaries named, shares of both the initial lump sum and each installment will be divided among the surviving beneficiaries, unless otherwise specified.

Primary	Relationship	% of Initial Lump Sum, if any	<del>% of Annual Benefit Amount</del>
<del>Contingent</del>	<del>Relationship</del>	<del>% of Initial Lump Sum, if any</del>	<del>% of Annual Benefit Amount</del>

Signed at: \_\_\_\_\_  
(City/State)

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date

**West Coast Life Insurance Company**  
**P.O. Box 830570; Birmingham, Alabama, 35283**

**Supplemental Application - Pre-Determined Death Benefit Payout Endorsement**

**Proposed Insured** \_\_\_\_\_

- I wish to elect the Pre-Determined Death Benefit Payout Endorsement.
- Please indicate the desired Death Benefit Payment Schedule:

**Initial Lump Sum (if any):**      \$ \_\_\_\_\_

**Benefit Installment Mode / Amount / Duration:**      \_\_\_\_\_ Annual      \$ \_\_\_\_\_ for \_\_\_\_\_ Years  
 (please select either annual or monthly mode)      \_\_\_\_\_ Monthly      \$ \_\_\_\_\_ for \_\_\_\_\_ Years

**For Annual**, would you like to specify the date the beneficiary receives benefit? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes, what date? \_\_\_\_\_ (MM/DD). If no date chosen, beneficiary will receive benefit on the anniversary of the original claim processing date.

**For Monthly**, would you like to specify the day of the month the beneficiary receives benefit? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes, what day? \_\_\_\_\_ (1-28). If no day chosen, beneficiary will receive benefit on the day of the month of the original claim processing date.

- Beneficiary: If multiple beneficiaries named, shares of both the initial lump sum and each installment will be equally divided among the surviving beneficiaries, unless otherwise specified.

Primary	Relationship	<u>% of Initial Lump Sum (if any)</u>	<u>% of Benefit Installment Amount</u>
<u>Contingent</u>	<u>Relationship</u>	<u>% of Initial Lump Sum (if any)</u>	<u>% of Benefit Installment Amount</u>

Signed at: \_\_\_\_\_  
 (City/State)

\_\_\_\_\_  
 Signature of Proposed Insured

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Owner

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Agent

\_\_\_\_\_  
 Date