

SERFF Tracking Number: PRTA-127061881 State: Arkansas
Filing Company: Protective Life Insurance Company State Tracking Number: 48219
Company Tracking Number: BETHPLB
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: PLB-300 2/11, et al
Project Name/Number: PLB-300 2/11, et al/PLB-300 2/11, et al

Filing at a Glance

Company: Protective Life Insurance Company

Product Name: PLB-300 2/11, et al

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: PRTA-127061881 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 48219

Co Tr Num: BETHPLB

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Beth Fledderman

Disposition Date: 03/15/2011

Date Submitted: 03/10/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: PLB-300 2/11, et al

Project Number: PLB-300 2/11, et al

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Beth Fledderman

Filing Description:

RE:

Form Number /// Form Title

PLB-300-AR 2/11 /// Life Insurance Application, Part I

PLB-301 2/11 /// Life Insurance Application, Part II

PLB-306 2/11 /// Representative's Report

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Filed to TN
concurrently.

Market Type: Individual

Individual Market Type:

Filing Status Changed: 03/15/2011

State Status Changed: 03/15/2011

Created By: Beth Fledderman

Corresponding Filing Tracking Number:

The captioned forms are being submitted for review and approval. They are new forms that will not replace any forms 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.

| | | | |
|---------------------------------|--|-------------------------------|-----------------------------|
| <i>SERFF Tracking Number:</i> | <i>PRTA-127061881</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Protective Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>48219</i> |
| <i>Company Tracking Number:</i> | <i>BETHPLB</i> | | |
| <i>TOI:</i> | <i>L08 Life - Other</i> | <i>Sub-TOI:</i> | <i>L08.000 Life - Other</i> |
| <i>Product Name:</i> | <i>PLB-300 2/11, et al</i> | | |
| <i>Project Name/Number:</i> | <i>PLB-300 2/11, et al/PLB-300 2/11, et al</i> | | |

The submitted applications are being filed for use in our general market by brokerage life insurance agents. In most situations, a phone interview including medical questions will be conducted and form PLB-300-AR 2/11 will be used with approved Life Insurance Application Part II form PL-109-AR (04/10), which was approved by your Department on 09/01/2010, Tracking PRTA-126765485; State Tr Num 46497. In the rare cases when a phone interview is not conducted and PL-109-AR (04/10) is not used, PLB-301 2/11 will be completed. PLB-306 2/11 will be completed by the broker.

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 (always at least 10 point). 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.

The forms are being filed concurrently in our domiciliary state of Tennessee.

If you have any questions or need further information, please do not hesitate to contact Beth Fledderman via SERFF, toll-free phone (800) 866-3555 x5539, or e-mail beth.fledderman@protective.com.

Company and Contact

Filing Contact Information

| | |
|---|--|
| Elizabeth Fledderman, Policy Contract Filing Specialist | elizabeth.fledderman@protective.com |
| 2801 Highway 280 South | 800-866-3555 [Phone] 5539 [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: | \$150.00 |

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Retaliatory? No
Fee Explanation: 3 forms = \$150
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-----------------------------------|----------|----------------|---------------|
| Protective Life Insurance Company | \$150.00 | 03/10/2011 | 45452122 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 03/15/2011 | 03/15/2011 |

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Disposition

Disposition Date: 03/15/2011

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 Variability | | Yes |
| Form | Life Insurance Application, Part I | | Yes |
| Form | Life Insurance Application, Part II | | Yes |
| Form | Representative's Report | | Yes |

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Form Schedule

Lead Form Number: PLB-300-AR 2/11

| Schedule Item Status | Form Number | Form Type Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|-----------------|---|---------|----------------------|-------------|---------------------|
| | PLB-300-AR 2/11 | Application/Life Insurance Enrollment Application, Part I Form | Initial | | 50.900 | PLB-300-AR 2 11.pdf |
| | PLB-301 2/11 | Application/Life Insurance Enrollment Application, Part II Form | Initial | | 51.500 | PLB-301 2 11.pdf |
| | PLB-306 2/11 | Application/Representative's Enrollment Report Form | Initial | | 52.100 | PLB-306 2 11.pdf |

Broker/Representative Number (Required)



P.O. Box 830619 • Birmingham, AL 35283-0619

SECTION I: INSUREDS

LIFE INSURANCE APPLICATION, Part I

Table with 7 columns: Name(s) of Persons Applying for Coverage (Print in Full), Relationship to Proposed Insured, Sex, Birth Date, Social Security Number, Birth State, Driver's License Number. Rows include Proposed Insured, Spouse, and Children (Must complete Supplemental Application - Non Medical Declarations - as per Application Instructions.)

Residence: Street Address Apt. No.

City State Zip Code Telephone Number Number of Years

Send Premium Notices To (If other than Residence): (Name)

Street Address City State Zip Code

Insured Email Address (Optional):

Owner Email Address (Optional):

Table with 5 columns: Occupation, Number of Years, (Required) Annual Income, (Required) Net Worth, Employer Name and Address, Telephone Number. Rows include Proposed Insured's Occupation and Spouse's Occupation.

SECTION II: PLAN OF INSURANCE

Face Amount \$ (Insured) \$ (Spouse) \$ (Children)

Plan of Insurance (Name of Product)

Underwriting Class Quoted: (Protective will issue best available UW class.)

If Universal Life: Level Face Amount Increasing Face Amount

If Term or Term UL, Indicate Years: 10 Yrs 15 Yrs 20 Yrs 25 Yrs 30 Yrs

Section 1035: Yes No

1035 Loan Transfer: Yes No (Not available on all plans.)

CVAT: (Unless CVAT box is checked, the Guideline Premium Test will apply.)

Is Proposed Insured requesting Additional Benefits or Riders? Yes No

(If Yes, must complete Rider Worksheet as per Application Instructions.)

Premium Payment: Annual \$ Semi-Annual \$ Quarterly \$ Monthly \$ Cash with Application \$

SECTION III: BENEFICIARY DESIGNATIONS

If multiple beneficiaries are named, shares will be divided equally among the surviving beneficiaries, unless otherwise specified.

Table with 6 columns: Primary Beneficiary, Relationship, %, Contingent Beneficiary, Relationship, %. Rows for Primary and Contingent beneficiaries.

SECTION IV: EXISTING COVERAGE/PENDING INSURANCE, REPLACEMENT AND OWNERSHIP OF POLICY

(Must be answered completely on all cases.)

Regarding all persons proposed for insurance, list all life insurance in force on each proposed insured's life.

Please be sure to list insurance policy information, whether owned by the insured or not. If "None" insert "None".

| Name of Insured | Company | Policy Number | Replace or Change ? | Amount | Purpose Bus/Per | Issue Date |
|-----------------|---------|---------------|---------------------|--------|-----------------|------------|
| | | | R C | | Bus Per | |
| | | | R C | | Bus Per | |
| | | | R C | | Bus Per | |

- a. Is the policy applied for to replace an existing insurance or annuity policy(ies) in this or any other company? Yes No
(If "Yes", give details above and complete any State required replacement forms and comparison statements.)
- b. Is there any application for any other life or health insurance on the life of the proposed insured now pending or contemplated in this or any other company? Yes No
- c. Has the proposed insured had a request for life or health insurance declined, postponed, rated, canceled, or restricted in any way? If "Yes", explain in Remarks Section. Yes No
- d. Will you transfer ownership of the policy, or transfer interests in any trust owning the policy, in the next 3 years? Yes No
- e. Is someone other than the Insured responsible for paying premiums? If "Yes", explain in Remarks Section. Yes No
- f. Will anyone unrelated to the insured receive any of the policy death benefit? If "Yes", explain in Remarks Section. Yes No
- g. Have you had a mortality analysis or life expectancy analysis performed? Yes No
- h. Have you discussed transfer of the policy to be issued, or its death benefits, to a life settlement company, investor, offshore trust, investment trust, or entity associated with stranger owned or investment owned life insurance (commonly called SOLI or IOLI) or have you considered such a transfer? If "Yes", complete information below. Yes No

| | |
|--|--|
| Name of Owner (If other than Proposed Insured) | Social Security Number or Taxpayer I.D. Number |
| Address | City State Zip Code |

SECTION V: PURPOSE OF INSURANCE (TO BE ANSWERED BY PROPOSED OWNER)

- a. Is the purpose of the insurance personal (Family or Estate Protection) or business (Key Man, Buy-Sell, etc)? Personal Business
If personal insurance, omit questions b - f below.
If business insurance, complete questions b - f below.
- b. What percent of business does Proposed Insured own or control? _____ %
- c. What is approximate net annual income of business? \$ _____
- d. What is approximate market value of the business? \$ _____
- e. What year was the business established? _____
- f. If policy is a Key Man, Buy-Sell or other business owned policy, please complete information below:

| Name and Title | % of Business Owned | Insurance Company | Amount Now Carried or Applied For |
|----------------|---------------------|-------------------|-----------------------------------|
| | % | | \$ |
| | % | | \$ |
| | % | | \$ |

SECTION VI: REMARKS AND SPECIAL REQUESTS

DECLARATIONS

I (We) represent that all statements and answers made in all parts of this application are full, complete and true. It is agreed that:

1. All such statements and answers shall be the basis of any insurance issued, and my (our) answers are material to the decision as to whether the risk is accepted by Protective Life.
2. No representative or medical examiner can make, alter or discharge any contract, accept risks, or waive Protective Life's rights or requirements.
3. Acceptance of a policy by the Owner shall constitute ratification of any changes made by the Company. In those states where it is required, changes as to plan, amount, age at issue, classification or benefits will be made only with the Owner's written consent.
4. No insurance shall take effect unless: (1) a policy is delivered to the Owner; (2) the full first premium is paid while the proposed insured(s) is (are) alive; and (3) there has been no change in health and insurability from that described in this application. However, if the premium is paid as set forth in the attached Conditional Receipt Agreement and the Conditional Receipt Agreement is delivered to the Owner, the terms of the Conditional Receipt Agreement shall apply. No representative or medical examiner has any authority to waive or to alter these terms and conditions or to bind coverage under any other circumstances.
5. I have reviewed the attached Conditional Receipt Agreement and understand and agree that it provides a limited amount of life insurance for a limited period of time, and that such coverage is subject to the terms and conditions set forth in the Conditional Receipt Agreement.
6. The representative taking this application has made no statement or representation different from, contrary to or in addition to these Declarations and the terms and conditions of the attached Conditional Receipt Agreement.

IMPORTANT INFORMATION ABOUT IDENTIFICATION INFORMATION

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information of its customers. We may ask for information or identifying documents that will allow us to verify the identity of our customers.

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 _____
(City and State)

Date _____

(X) _____
Signature of Proposed Insured

(X) _____
Signature of Spouse, If Proposed for Insurance

Signed At _____
(City and State)

Date _____

(X) _____
Signature of Owner, If Other than Proposed Insured

(X) _____
Signature of Representative

BROKER / REPRESENTATIVE REPORT

1. In what language were the questions on the application asked? English Spanish Other* _____
** Please remember that Protective Life cannot accept or service any application from an applicant who does not speak English or Spanish.*

2. Is the Proposed Insured a relative or does the Proposed Insured have a business relationship with you? Yes No
 If "Yes", provide details. _____

3. (a) Will this policy replace or change existing policy(ies)? Yes No
 (b) If replacement of existing insurance is involved, have you complied with all relevant state requirements, including any "Disclosure and Comparison Statements"? Yes No
 If "No", please explain. _____

Answer questions (c) and (d) only if this is a replacement:

(c) Did you use any pre-printed company approved sales materials? Yes No
 If "Yes", list name or form number here: _____

(d) Did you use any Company approved, electronically generated, individualized sales materials (such as illustrations or concept materials)? Yes No
 If "Yes", you must provide a copy of these materials with the application.

4. Have you advised the proposed policyowner or do you know of any advice that has been given to the policyowner to transfer ownership of the policy to be issued, or its death benefits, to a life settlement company, investor, offshore trust, investment trust, or entity associated with stranger owned or investment owned life insurance (commonly called SOLI or IOLI) or are you otherwise aware that the policyowner may be contemplating such a transfer? Yes No
 If "Yes", please explain in Special Requests/Remarks below.

5. Has a mortality analysis or life expectancy analysis been performed on the Proposed Insured? Yes No

6. Has a medical examination been ordered? Yes No
 Name of Examiner: _____ Date of Exam: _____

7. Is Premium Financing involved in this case? Yes No
 If "Yes", please submit a cover letter describing the parameters.

I certify that: (1) both the Proposed Insured(s) and the Owner(s) read, speak and understand either the English or Spanish Language; and (2) each has explicitly told me that they understood each question and item contained in this application.

I certify that: (1) the answers given in this application are complete and true to the best of my knowledge and belief; (2) I know of nothing affecting the risk which is not set forth in my representative's report or this life insurance application; and (3) I carefully explained each question before recording each answer and before the application was signed.

I have verified the identity of the Owner by picture I.D. *(Does not apply to direct marketing situations.)* Yes No
 Identification type: _____
 Please include Driver's License Number if Owner is other than the Proposed Insured. _____
 In Georgia, please include a copy of the Driver's License with application.

| | |
|---|--|
| _____ Broker/Representative's Signature | _____ Broker/Representative's Commission Code No. Business Phone |
| _____ Broker/Representative's Printed Name | _____ Broker/Representative's E-Mail Address Date Place |
| _____ Broker/Representative's Signature | _____ Broker/Representative's Commission Code No. Business Phone |
| _____ Broker/Representative's Printed Name | _____ Broker/Representative's E-Mail Address Date Place |
| _____ BGA/Broker Dealer Name | _____ <i>For Underwriting and New Business Contact Purposes:</i> |
| _____ BGA/Broker Dealer Contract Number | _____ Fax Number E-Mail Address |

Broker/Representative Special Requests / Remarks: _____

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

AR Compliance Certification.pdf

Readability Certification.pdf

Item Status: **Status**
Date:

Satisfied - Item: Statement of Variability

Comments:

Attachment:

Statement of Variability.pdf

PROTECTIVE LIFE INSURANCE COMPANY BIRMINGHAM, ALABAMA

CERTIFICATION OF COMPLIANCE

Arkansas

FORM NUMBER.....FORM TITLE

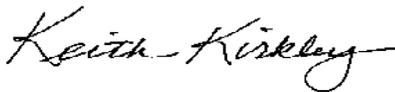
PLB-300-AR 2/11.....Life Insurance Application, Part I
PLB-301 2/11.....Life Insurance Application, Part II
PLB-306 2/11.....Representative's Report

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

August 11, 2010

PROTECTIVE LIFE INSURANCE COMPANY
Birmingham, Alabama

READABILITY CERTIFICATION

This is to certify that the listed forms, and state variations thereof, have achieved the stated Flesch Reading Ease Test scores:

| FORM | SCORE |
|--------------|--------------|
| PLB-300 2/11 | 50.9 |
| PLB-301 2/11 | 51.5 |
| PLB-306 2/11 | 52.1 |

Signed for the Company by:



Keith Kirkley, J.D. MBA
Assistant Vice President

March 9, 2011

Statement of Variability

PLB-300 2/11 – Life Insurance Application, Part I
PLB-301 2/11 – Life Insurance Application, Part II
PLB-306 2/11 – Representative's Report
and State Variations Thereof

Variable material is denoted by [square brackets].

PLB-300 2/11 – Life Insurance Application, Part I

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

Plan Years – Will only be changed to add or remove the available initial premium periods available with products marketed. Minimum 5, Maximum 30.

PLB-301 2/11 – Life Insurance Application, Part II

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

Activities in Question 7 – Bracketed to add any hazardous activities for which we may add a questionnaire in the future. Any new questionnaire will be filed for approval.

PLB-306 2/11 – Representative's Report

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, J.D. MBA
Assistant Vice President
Protective Life Insurance Company

March 9, 2011