

SERFF Tracking Number: PRTA-127165084 State: Arkansas
Filing Company: Protective Life Insurance Company State Tracking Number: 48783
Company Tracking Number: BETHU253
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: U-253 5-11
Project Name/Number: U-253 5-11/U-253 5-11

Filing at a Glance

Company: Protective Life Insurance Company

Product Name: U-253 5-11

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: PRTA-127165084 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 48783

Co Tr Num: BETHU253

Author: Beth Fledderman

Date Submitted: 05/16/2011

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 05/19/2011

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: U-253 5-11

Project Number: U-253 5-11

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Beth Fledderman

Filing Description:

Form Number /// Form Title

U-253 5-11 /// Statement of Health

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: The forms are
being filed concurrently in our domiciliary state
of Tennessee.

Market Type: Individual

Individual Market Type:

Filing Status Changed: 05/19/2011

State Status Changed: 05/19/2011

Created By: Beth Fledderman

Corresponding Filing Tracking Number:

The captioned form is being submitted for review and approval. It is a new form that will not replace any form 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.

The Company will require this form to be signed if over 90 days have elapsed from the date evidence of insurability is

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taken until the date of underwriting approval.

In addition to the traditional paper format, in some cases, the data gathered on the application will be transferred to the home office electronically. In those cases where a signature is collected electronically, the Company will comply with applicable electronic signature guidelines described in the state's adopted version of the United Electronic Transactions Act.

The 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 (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 the form 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 Birmingham, AL 35223
800-866-3555 [Phone] 5539 [Ext]
205-268-3401 [FAX]

Filing Company Information

Protective Life Insurance Company
2801 Highway 280 Birmingham, AL 35223
(800) 866-3555 ext. [Phone]
CoCode: 68136
Group Code: 458
Group Name:
FEIN Number: 63-0169720
State of Domicile: Tennessee
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

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Fee Explanation: One form and no retaliatory fees are due.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Protective Life Insurance Company	\$50.00	05/16/2011	47642650

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/19/2011	05/19/2011

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Disposition

Disposition Date: 05/19/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PRTA-127165084</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Protective Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48783</i>
<i>Company Tracking Number:</i>	<i>BETHU253</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>U-253 5-11</i>		
<i>Project Name/Number:</i>	<i>U-253 5-11/U-253 5-11</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Statement of Variability		Yes
Form	Statement of Health		Yes

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Form Schedule

Lead Form Number: U-253 5-11

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	U-253 5-11	Application/ Statement of Health Enrollment Form	Initial		51.800	U-253 5.11.pdf

STATEMENT OF HEALTH

This has been completed as a condition to the Delivery or Change of:

Policy Number(s)

Proposed Insured (Printed)

Since the first application date, the proposed insured and any proposed insured family member has:

- **Not** submitted another application(s) for insurance to any other company.
- **Not** received notice that any application(s) for insurance has been declined, postponed or modified.
- Had **no** change in health or insurability as a life insurance risk because of any event or circumstance.
- **Not** consulted or been examined by a doctor or other medical professional.
- Remained in good health.

Any changes to the above statements should be given here:

 There are no changes to the above statements.

The proposed insured (and the applicant if other than the proposed insured) acknowledges:

- That all changes have been stated.
- The above statements are true and complete.
- The company can rescind the policy if a material fact is misrepresented on this form.
- Any insurance will not take effect until the company approves these statements, the policy is delivered to the applicant while alive, the first premium is paid and any amendments signed and returned. However, if the full first premium was paid along with the initial application for insurance and a Conditional Receipt/Temporary Life Receipt was signed, the terms of the Conditional Receipt/Temporary Life Receipt will apply.

Date

Signature of Proposed Insured

Date

Witness

Date

Signature of Applicant (if other than Insured)

Copy To Be Returned To Company After Completion

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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

AR Compliance 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
U-253 5-11.....Statement of Health

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**

Digitally signed by Keith Kirkley
DN: cn=Keith Kirkley, c=US,
o=Protective Life Insurance
Company, ou=Policy Contracting &
Filing, email=keith.
kirkley@protective.com
Date: 2011.05.13 15:22:32 -05'00'

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

May 16, 2011

Statement of Variability

U-253 5-11 – Statement of Health and State Variations Thereof

Variable material is denoted by [square brackets].

U-253 5-11 – Statement of Health

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:

A handwritten signature in black ink that reads "Keith Kirkley". The signature is written in a cursive style with a horizontal line extending from the end of the name.

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

May 10, 2011