

**State:** Arkansas **Filing Company:** Protective Life Insurance Company  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** PL-600  
**Project Name/Number:** PL-600/PL-600

## Filing at a Glance

Company: Protective Life Insurance Company  
Product Name: PL-600  
State: Arkansas  
TOI: L08 Life - Other  
Sub-TOI: L08.000 Life - Other  
Filing Type: Form  
Date Submitted: 11/02/2012  
SERFF Tr Num: PRTA-128754164  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: VICKIE-600  
  
Implementation: 12/15/2012  
Date Requested:  
Author(s): Vickie Jerkins  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 11/07/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

State: Arkansas  
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other  
Product Name: PL-600  
Project Name/Number: PL-600/PL-600

Filing Company: Protective Life Insurance Company

## General Information

Project Name: PL-600  
Project Number: PL-600  
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending  
Date Approved in Domicile:  
Domicile Status Comments: A version of this form has been submitted to the IIPRC/Compact, which includes our domicile state of Tennessee.

Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:

Market Type: Individual  
Individual Market Type:  
Filing Status Changed: 11/07/2012  
State Status Changed: 11/07/2012

Deemer Date:  
Submitted By: Vickie Jerkins

Created By: Vickie Jerkins  
Corresponding Filing Tracking Number:

Filing Description:  
Form Number // Form Title  
PL-600 // Individual Life Insurance - Tobacco Use Questionnaire

The captioned form is being submitted for review and approval. This is a new form that will not replace 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. A version of this form has been submitted to the IIPRC/Compact, which includes our domicile state of Tennessee.

The submitted Individual Life Insurance - Tobacco Use Questionnaire will be used for the purpose of mortality reclassification from Smoker/Tobacco to Non-Smoker/Non-Tobacco use with our full line of individual life products. 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 required Statement of Variability has been provided. The only [bracketed] information is the Company contact information (Top/Right corner of each Page 1) which will only be changed to accurately disclose the correct mailing address and phone number.

This form has received a FLESCH Ease of Reading Test Score of 51.3224. The required Readability Certification has been provided. 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.

If you are in need of any further information to complete the review of this filing, please do not hesitate to contact me. I can be reached via SERFF Notes, email at [Vickie.Jerkins@protective.com](mailto:Vickie.Jerkins@protective.com) or tollfree at 1-800-866-3555 ext. 5514.

## Company and Contact

### Filing Contact Information

Vickie Jerkins, Senior Policy Contract Filing [vickie.jerkins@protective.com](mailto:vickie.jerkins@protective.com)  
Analyst

**State:** Arkansas **Filing Company:** Protective Life Insurance Company  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** PL-600  
**Project Name/Number:** PL-600/PL-600

2801 Highway 280 South 800-866-3555 [Phone] 5514 [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: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 PER FORM  
 Per Company: No

Company	Amount	Date Processed	Transaction #
Protective Life Insurance Company	\$50.00	11/02/2012	64511991

**SERFF Tracking #:**

PRTA-128754164

**State Tracking #:**

**Company Tracking #:**

VICKIE-600

**State:**

Arkansas

**Filing Company:**

Protective Life Insurance Company

**TOI/Sub-TOI:**

L08 Life - Other/L08.000 Life - Other

**Product Name:**

PL-600

**Project Name/Number:**

PL-600/PL-600

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/07/2012	11/07/2012

SERFF Tracking #:

PRTA-128754164

State Tracking #:

Company Tracking #:

VICKIE-600

State:

Arkansas

Filing Company:

Protective Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

PL-600

Project Name/Number:

PL-600/PL-600

## Disposition

Disposition Date: 11/07/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Statement of Variability		Yes
Form	Individual Life Insurance - Tobacco Use Questionnaire		Yes

**State:** Arkansas  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** PL-600  
**Project Name/Number:** PL-600/PL-600

**Filing Company:** Protective Life Insurance Company

## Form Schedule

### Lead Form Number: PL-600

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Individual Life Insurance - Tobacco Use Questionnaire	PL-600	AEF	Initial		51.322	PL-600.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages



[ P.O. Box 13344  
Birmingham, AL 35283-0619 ]

**INDIVIDUAL LIFE INSURANCE - TOBACCO USE QUESTIONNAIRE**

For Mortality Reclassification from Smoker/Tobacco to Non-Smoker/Non-Tobacco

**SECTION 1**

Name	Policy Number(s)
Mailing Address – Street or P.O. Box	Daytime Telephone Number
City, State, Zip Code	Email Address

**SECTION 2**

(a) Please provide details of tobacco use or nicotine product use (i.e. cigarettes, cigars, pipes, chewing tobacco, nicotine patch, nicotine gum, etc.):

Type of tobacco or nicotine product used:	Frequency of use:	Date last used:

(b) Have you ever been treated by a member of the medical profession for any heart disorder, stroke, cancer, emphysema, chronic bronchitis, asthma, or any disease of the lungs? If Yes, give name and address of medical professional or facility seen, medications being taken and dates of visit.      Yes    No

I hereby represent that the statements and answers made in response to the above questions are complete and true. I agree that the Company can rely on these answers in making their decision and that these answers shall be a supplement to and form a part of the application for this policy.

**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.**

Signed at (City and State): \_\_\_\_\_ Date Signed: \_\_\_\_\_

Signature of Insured: \_\_\_\_\_

Signature of Owner (if other than insured): \_\_\_\_\_

Signature of Agent/Witness: \_\_\_\_\_

**SERFF Tracking #:**

PRTA-128754164

**State Tracking #:****Company Tracking #:**

VICKIE-600

**State:**

Arkansas

**Filing Company:**

Protective Life Insurance Company

**TOI/Sub-TOI:**

L08 Life - Other/L08.000 Life - Other

**Product Name:**

PL-600

**Project Name/Number:**

PL-600/PL-600

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Readability Certification.pdf			
AR Certification.pdf			

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Application		
Comments:	Submitted QUESTIONNAIRE will be used in conjunction with previously approved policies/applications. Including, PL-400-AR, approved 07/19/2012 under SERFF Tracking Number PRTA-128570361.		

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
Statement of Variables (State).pdf			

Protective Life Insurance Company  
Post Office Box 2606  
Birmingham, Alabama 35282-9887

NAIC 458-68136  
FEIN 63-0169720

## READABILITY CERTIFICATION

**Regarding:** **Form Number** **Form Title**  
PL-600 Individual Life Insurance - Tobacco Use Questionnaire

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.

	<b>PL-600</b>
<b>Words:</b>	251
<b>Sentences:</b>	15
<b>Syllables:</b>	411
<b>FLESCH Score:</b>	<u>51.3224</u>



Keith Kirkley, J.D., MBA  
2<sup>ND</sup> Vice President, Compliance Officer  
Life and Annuity Division  
Protective Life Insurance Company

November 1, 2012

# PROTECTIVE LIFE INSURANCE COMPANY BIRMINGHAM, ALABAMA

## CERTIFICATION OF COMPLIANCE

### Arkansas

**FORM(S):**            **PL-600 Individual Life Insurance - Tobacco Questionnaire**

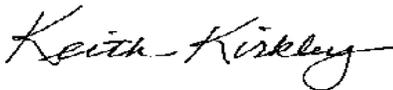
This is to certify that the Company is in compliance with Arkansas Insurance Department regarding:

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. 23-80-206 requirements for FLESCH Ease of Reading;

Code Ann. 23-79-138 requirements for Consumer Notice.



Keith Kirkley, J.D., MBA  
2<sup>ND</sup> Vice President, Compliance Officer  
Life and Annuity Division  
Protective Life Insurance Company  
November 1, 2012

Protective Life Insurance Company  
Birmingham, Alabama 35282-9887

NAIC 458-68136  
FEIN 63-0169720

## STATEMENT OF VARIABILITY

<b>Form Number</b>	<b>Form Title</b>
PL-600	Individual Life Insurance - Tobacco Use Questionnaire

### Specific Variables

**Company Address** – Top / Right Corner of Page 1.

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.

Any change or modification to a variable item shall be administered in accordance with the requirements in the Variability of Information section, including any requirement for prior approval of a change or modification.

Signed for the Company by:



Keith Kirkley, J.D., MBA  
2<sup>ND</sup> Vice President, Compliance Officer  
Life and Annuity Division  
Protective Life Insurance Company  
November 1, 2012