

PROTECTIVE LIFE INSURANCE COMPANY

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

DISCLOSURE STATEMENT - Universal Life Insurance Only

THIS DISCLOSURE STATEMENT WITH ALL APPLICABLE BLANKS FILLED IN IS FOR YOUR PROTECTION. IT GIVES YOU BASIC INFORMATION ABOUT THE COST AND COVERAGE OF THE INSURANCE BEING SOLICITED. READ IT CAREFULLY BEFORE SIGNING ANY AGREEMENT TO BUY LIFE INSURANCE.

THIS DISCLOSURE STATEMENT SHALL NOT BE CONSIDERED AS AN OFFER TO CONTRACT OR AS ALTERING OR MODIFYING ANY POLICY OR RIDER THAT MAY BE ISSUED.

Name of Proposed Insured

Age

Gender

Name of Agent preparing disclosure

Telephone number of Agent

Agent home or agency address

Protective Life Insurance Company

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

Name of Insurer

Home office address of Insurer

Direct all correspondence to above address.

	Descriptive Title of Coverage	Face Amount of Coverage (1) If Not Applicable, Description of Coverage	Annual Premium If Not Known, Premium For Mode Quoted (2)
* Policy			
* Rider(s)			
* Supplemental Benefit(s) (Built into policy)			The cost is included in the premium for the policy.

1. The face amount of coverage of the (policy, rider, supplemental benefit) changes as follows: _____

2. Total Initial (annual, semi-annual, quarterly, & monthly) premium for the policy and riders, if any, will be _____

* Guaranteed Cash Value. If you continuously pay your premiums on this policy as they come due, you will have the following guaranteed cash value for each \$1,000 (or face amount). * You may borrow against this cash value at any annual _____% loan interest change.

