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 prep	paring disclosure	Telephone number of Agent				
Agent home or ager	ncy address					
Protective Life I	nsurance Company	P.O. Box 830619, Birmii	P.O. Box 830619, Birmingham, AL 35283-0619			
Name of Insurer		Home office address of Insure	Home office address of Insurer			
Direct all correspon	dence 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 amoun	t of coverage of the (policy, rider, supple	emental benefit) changes as follows:				
2. Total Initial (annu	ual, semi-annual, quarterly, & monthly) p	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.						

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Number of Years Policy Has Been In Force	5	10	20	Age 65
Total Accumulated Cash Value per \$1,000 (or Total Face Amount)	\$	\$	\$	\$

* A Surrender Comparison Index will be comparing the relative costs of two or more		he policy or earlier	if requested.	This index provides one means of
* The prospective insured has ha	as not requeste	ed an earlier delivery	of the Index.	
Upon request, either the company or agent	will furnish you with addition	al information about	the insurance of	described.
* If inapplicable to insurance being offered,	section may be deleted entire	ely or clearly marked	l "Not Applicab	le."
SURRENDER COMPARISON INDEX DISCL	OSURE PER \$1,000 OF FA	CE AMOUNT OF B	ASIC INSURAI	NCE
Name of Proposed Insured		Age		Gender
Face amount of Policy	Descriptive Title of Policy			Policy Number
* 10 Year Surrender Index	* 20	Year Surrender Inde	эх	
The Surrender Comparison Index was des similar policies offered by other companies amounts paid by the insurer (the cash valuinterest at the rate of five percent per annur	e of the policy in the event of	ows the relationship of surrender over pe	between the a	amounts paid by the insured and the
When comparing similar policies, if all things event that the policy was surrendered at the lower Index would not necessarily be the I services of an agent or company; (2) the r Index does assume that annual premiums a	eend of the designated perio ower cost policy. The Index elative strength and reputati	d. If death would oc does not take into on of the company;	ccur during the account, amor and (3) small	designated period, the policy with the ng other things: (1) the value of the
* If inapplicable to insurance being offered,	section may be deleted entire	ely or clearly marked	I "Not Applicab	le."
CERTIFICATION OF DISCLOSURE				
I certify that the written disclosure statemer on or before the date the application was co	' '	the Pennsylvania Re	gulations was	given to the proposed insured above
Signature of Agent		Date		

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