

**PROTECTIVE LIFE INSURANCE COMPANY**  
**P.O. Box 830619**  
**Birmingham, Alabama 35283-0619**

**NOTIFICATION OF RIGHT TO NAME AT LEAST ONE SECONDARY ADDRESSEE**

California policyholders have the right to designate at least one secondary addressee to receive notice of policy lapse or termination for nonpayment of premium. If you would like to make a designation, please complete the information below and return it to us at P.O. Box 830619, Birmingham, Alabama 35283-0619. If you do not wish to name a secondary addressee at this time, simply do not return the form. Note that this form will be provided on an annual basis should you reconsider.

If you have any questions about your right to name at least one secondary addressee, please call us at 1-800-366-9378, fax us at 1-205-268-5807 or write us at P.O. Box 830619, Birmingham, Alabama 35283-0619.

**Please Print the Following Information:**

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Policy Number (if known)	Policy Owner's Name	Insured's Name
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**Secondary Addressee(s):**

_____	_____
Name	Name
_____	_____
Street Address or P.O. Box	Street Address or P.O. Box
_____	_____
City, State, Zip Code	City, State, Zip Code
_____	_____
Telephone Number	Telephone Number

\_\_\_\_\_

Name

\_\_\_\_\_

Street Address or P.O. Box

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Telephone Number