

SERFF Tracking Number: PACL-125657121 State: Arkansas
Filing Company: Pacific Life Insurance Company State Tracking Number: 39068
Company Tracking Number: 25-1151
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: Variable Annuity Application
Project Name/Number: Variable Annuity Application/25-1151

Filing at a Glance

Company: Pacific Life Insurance Company
Product Name: Variable Annuity Application
TOI: A10 Annuities - Other
Sub-TOI: A10.000 Annuities - Other
Filing Type: Form

SERFF Tr Num: PACL-125657121 State: ArkansasLH
SERFF Status: Closed State Tr Num: 39068
Co Tr Num: 25-1151 State Status: Approved-Closed
Co Status: Reviewer(s): Linda Bird
Authors: Larry Gardner, Maysy Disposition Date: 05/27/2008
Vang, Brian Deleget, Karen Givens
Date Submitted: 05/23/2008 Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: Variable Annuity Application
Project Number: 25-1151
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 05/27/2008
State Status Changed: 05/27/2008
Corresponding Filing Tracking Number:
Filing Description:
NAIC: 67466
FEIN: 95-1079000

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:
Deemer Date:

To the Individual Life Insurance Department of Arkansas.

We are submitting the following variable annuity application for approval in your state:

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Form Number Form Description

25-1151 Variable Annuity Application

When approved, the form submitted will replace the application forms listed below, previously approved by the Department as of the dates shown.

Replaces Application Form No. - State Tracking Number - Date Approved

25-103 07 - 35191 - 3/6/2007
25-1107 07 - 35191 - 3/6/2007
25-1108 07 - 35191 - 3/6/2007
25-1128 07 - 35191 - 3/6/2007
25-1130 07 - 35191 - 3/6/2007
25-1136 07 - 35679 - 4/24/2007
25-1143 - 38370 - 3/13/2008
25-178 07 - 35191 - 3/6/2007

Summary of Changes

The forms have been revised primarily to provide for the following:

- Addition of a Householding section. Householding permits companies to deliver a single prospectus, annual and semi-annual reports, and proxy and information statements to investors who reside at the same address.
- New section under Allocation Options section to include Custom Models as an investment option
- Text to address military sales added to the Statement of Owners section and Registered Representatives statement.

Availability

The form submitted will be used to apply for all individual variable annuity contracts listed below, previously approved by the Department as of the dates shown:

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Contract Form No. - State Tracking Number - Date Approved

10-10300 - N/A - 11/25/2002
10-1107 - 31740 - 1/31/2006
10-1108 - 26069 - 4/14/2004
10-1128 - 31553 - 1/12/2006
10-1130 - 33657 - 9/15/2006
10-1136 - 35679 - 4/24/2007
10-1143 - 38370 - 3/13/2008
10-17800 - N/A - 4/4/2003

Statement of Variability

The application has been completed in John Doe fashion. Bracketed matter (variable material) shown within each applicable section is subject to change. The accompanying Statement of Variability provides an explanation of the variable material that has been bracketed.

The form submitted:

- is exempt from flesch score readability requirements as it is a security subject to federal jurisdiction;
- will be filed with the Nebraska Department of Insurance (our state of domicile) and with the Securities and Exchange Commission; and
- is in final print and subject only to minor modification in paper size, stock, ink, border, Company logo, adaptation to electronic media or computer printing and as otherwise specified in the accompanying Statement of Variability.

All required transmittals, checklists, certifications and/or filing fees, as applicable, are included in this submission.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

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Should you have any questions or require additional information, please call toll-free 1-800-722-2333 Ext. 6907.

Sincerely,

Maysy Vang
 Compliance Analyst
 Product Compliance
 Annuities & Mutual Funds
 Email: Mvang@pacificlife.com

Company and Contact

Filing Contact Information

Maysy Vang, Compliance Analyst
 700 Newport Center Drive
 Newport Beach, CA 92660

Mvang@pacificlife.com
 (949) 219-6907 [Phone]
 (949) 219-0579[FAX]

Filing Company Information

Pacific Life Insurance Company
 700 Newport Center Drive
 Newport Beach, CA 92660-6397
 (800) 722-2333 ext. [Phone]

CoCode: 67466
 Group Code: 709
 Group Name:
 FEIN Number: 95-1079000

State of Domicile: Nebraska
 Company Type: Annuities
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pacific Life Insurance Company	\$20.00	05/23/2008	20481947

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/27/2008	05/27/2008

<i>SERFF Tracking Number:</i>	<i>PACL-125657121</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pacific Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39068</i>
<i>Company Tracking Number:</i>	<i>25-1151</i>		
<i>TOI:</i>	<i>A10 Annuities - Other</i>	<i>Sub-TOI:</i>	<i>A10.000 Annuities - Other</i>
<i>Product Name:</i>	<i>Variable Annuity Application</i>		
<i>Project Name/Number:</i>	<i>Variable Annuity Application/25-1151</i>		

Disposition

Disposition Date: 05/27/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Alabama		Yes

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Form Schedule

Lead Form Number: 25-1151

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	25-1151	Application/ Alabama Enrollment Form	Initial		0	A1151.pdf



PACIFIC LIFE

Pacific Life Insurance Company
 P.O. Box 2378, Omaha, NE 68103-2378
 or 1299 Farnam Street, 10th Floor, AMF, Omaha, NE 68102
 www.PacificLife.com
 Contract Owners: (800) 722-4448

PACIFIC VALUE

Variable Annuity Application

Registered Representatives, call (800) 722-2333 for assistance.

1. ANNUITANT(S) *Must be an individual. Check product guidelines for maximum issue age.*

Name (First, Middle, Last) John R. Doe	Birth Date (mo/day/yr) 01/01/1972	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F
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Mailing Address 555 Main Street	City, State, ZIP Anytown, USA 12345	SSN 999-77-8888
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Residential Address (if different than mailing address)	City, State, ZIP
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Solicited at: State _____ *Complete this box for custodial-owned qualified contracts only. Will not be valid for any other contract types. Information put here will be used for contract and registered representative appointment purposes.*

ADDITIONAL ANNUITANT *Not applicable for qualified contracts. Check One:* Joint Contingent

Name (First, Middle, Last) Jane A. Doe	Birth Date (mo/day/yr) 01/01/1972	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
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Mailing Address 555 Main Street	City, State, ZIP Anytown, USA 12345	SSN 999-66-5555
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Residential Address (if different than mailing address)	City, State, ZIP
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2. OWNER(S) *If annuitant and owner are the same, do not complete this section. Check product guidelines for maximum issue age.*

- For contracts with an owner that is a 401(a), 401(k), 457(b), or Keogh/HR10 plan, also complete the Qualified Plan and 457(b) Plan Disclosure form.
- For Individual(k) contracts with Ascensus, Inc., as the recordkeeper, also complete the Individual(k) Qualified Plan Disclosure form.
- For individual-owned or trust-owned Inherited IRA contracts, also complete the appropriate Inherited IRA Certification form.
- For non-qualified contracts, if the owner is a non-natural person or corporation, also complete the Non-Natural or Corporate-Owned Disclosure Statement.
- If the owner is a trust, also complete the Trustee Certification and Disclosure form.

Name (First, Middle, Last)	Birth Date (mo/day/yr)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
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Mailing Address	City, State, ZIP	SSN/TIN
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Residential Address (if different than mailing address)	City, State, ZIP
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ADDITIONAL OWNER *Not applicable for qualified contracts. Check One:* Joint Contingent

Name (First, Middle, Last)	Birth Date (mo/day/yr)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
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Mailing Address	City, State, ZIP	SSN
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Residential Address (if different than mailing address)	City, State, ZIP
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3. DEATH BENEFIT COVERAGE

Stepped-Up Death Benefit *Annuitant(s) must not be over age 75 at issue.*

If the **stepped-up death benefit** I have selected cannot be added to the contract due to age restrictions or state availability, I understand that the contract will be issued without the **stepped-up death benefit** rider.



4. TELEPHONE/ELECTRONIC AUTHORIZATIONS

CHECK IF YES Yes

TELEPHONE/ELECTRONIC TRANSACTION AUTHORIZATION As the owner, I will receive this privilege automatically. If a contract has joint owners, each owner may individually make telephone and/or electronic requests. By checking "Yes," I am also authorizing and directing Pacific Life to act on telephone or electronic instructions from any other person(s) who can furnish proper identification. Pacific Life will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, Pacific Life and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost.

ELECTRONIC DELIVERY AUTHORIZATION By providing my e-mail address below, I authorize Pacific Life to provide my statements, prospectuses and other information (documents) electronically instead of sending paper copies of these documents by U.S. mail. I will continue to receive paper copies of annual statements if required by state or federal law. I understand that I must have Internet access (my Internet provider may charge for Internet access), and I must provide my e-mail address below to use this service. I understand that I may cancel this authorization at any time and that I may request paper copies of the same documents via U.S. mail.



E-mail address: JDoe@aol.com

5. HOUSEHOLDING By signing this application you consent to Pacific Life mailing one copy of contract owner documents to multiple contract owners who share the same household address. Such documents will include the prospectus, supplements, announcements, and annual and semiannual reports, but will not include contract-specific information such as transaction confirmations and statements. This service, known as "householding," reduces expenses, environmental waste, and the volume of mail you receive. If you do not wish to participate in this service and prefer to receive your own contract owner documents, please check the box below.

I elect **NOT** to participate in householding.

6. BENEFICIARIES If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For non-individually owned custodially held IRAs, 457, and qualified plans, if no beneficiary is listed, the beneficiary will default to the owner listed on the application. Unless otherwise indicated, proceeds will be divided equally. Use Section 14, Special Requests, to provide additional beneficiary information.

Name (First, Middle, Last) Mary S. Doe	Birth Date (mo/day/yr) 01/01/1992	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship Daughter	SSN/TIN 333-22-7777	Percentage 100 %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage %

7. CONTRACT TYPE Select ONE.

Non-Qualified
 SIMPLE IRA¹
 Roth IRA
 401(a)³
 Individual(k)⁴
 457(b) – 501(c) tax-exempt³
 IRA
 SEP-IRA
 TSA/403(b)²
 401(k)³
 457(b) – gov't. entity³
 Keogh/HR10³

¹ Complete SIMPLE IRA Employer Information. ² Complete TSA Certification. ³ Complete Qualified Plan and 457(b) Plan Disclosure. ⁴ Complete Individual(k) Qualified Plan Disclosure.

8. INITIAL PURCHASE PAYMENT Make check payable to Pacific Life Insurance Company.

8A. NON-QUALIFIED CONTRACT PAYMENT TYPE

Indicate type of initial payment.

1035 exchange/estimated transfer\$ 10,000
 Amount enclosed\$ _____

8B. QUALIFIED CONTRACT PAYMENT TYPE Indicate type of initial payment. If no year is indicated, contribution defaults to current tax year.

Transfer\$ _____
 Rollover\$ _____
 Contribution\$ _____ for tax year _____



9. REPLACEMENT

9A. EXISTING INSURANCE

CHECK ONE Yes No

Do you have any existing life insurance or annuity contracts with this or any other company? (Default is "Yes" if neither box is checked.)

9B. REPLACEMENT

CHECK ONE Yes No

Will the purchase of this annuity result in the replacement, termination or change in value of any existing life insurance or annuity in this or any other company? If "Yes," provide the information below for each policy or contract being replaced and attach any required state replacement and/or 1035 exchange/transfer forms.

Insurance Company Name	Contract Number	Contract Type Being Replaced <input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity
Insurance Company Name	Contract Number	Contract Type Being Replaced <input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity

10. OPTIONAL RIDERS Subject to state availability. To qualify for [Foundation10, Flexible Lifetime Income, Income Access, GIA Plus, GPA3, or GPA5] rider benefits, the entire contract value must stay invested in allowable allocation options Pacific Life makes available for the riders.

10A. Guaranteed Withdrawal Benefit (You may only select one Guaranteed Withdrawal Benefit rider.)

- Foundation10** Annuitant(s) must not be over age 85 at issue.
- Income Access** Annuitant(s) must not be over age 85 at issue.
 - Automatic Reset/Step-up Option**
- Flexible Lifetime Income** (Select one) If neither box below is checked, the single life optional rider will be issued.
 - Single Life** Annuitant(s) must not be over age 85 at issue.
 - Joint Life** (Complete the beneficiary information in Section 6.) Available only if the Contract Type selected in Section 7 is Non-Qualified (not available if the Owner is a trust or other entity), IRA (including custodial IRAs), Roth IRA, SIMPLE IRA, SEP-IRA, or TSA/403(b). Additionally, Joint Owners or Owner and Beneficiary must be at least age 59½ and not older than age 85 at issue. Joint Owners must be husband and wife. If the contract is owned by a sole Owner, the Owner's spouse must be designated as the sole primary beneficiary. If this is a custodially owned IRA, it is the responsibility of the custodian to verify that the beneficiary designation at the custodian is the spouse of the Annuitant and is at least age 59½ and not older than age 85 at issue. (NOTE: The Joint Life rider is not available in New Jersey.)

- 10B. **GIA Plus** Annuitant(s) must not be over age 80 at issue.
- 10C. **GPA3** Annuitant(s) must not be over age 85 at issue, which must be at least 10 years prior to the annuity date. (NOTE: The GPA3 rider is not available in New Jersey or Washington.)
- 10D. **GPA5** Annuitant(s) must not be over age 85 at issue, which must be at least 10 years prior to the annuity date. (NOTE: The GPA5 rider is only available in New Jersey and Washington.)
- 10E. **EEG** Annuitant(s) must not be over age 75 at issue. (NOTE: The EEG rider is not available in Washington.)

If any rider selected in this section cannot be added to the contract due to age and/or other rider restrictions or state availability, the contract will be issued without that rider.

11. DOLLAR COST AVERAGING 100% of your initial investment will be allocated to the DCA Plus term, or you may elect a percentage of your initial investment to be allocated to the DCA Plus term. If a percentage less than 100% is indicated, the remainder of the initial purchase payment will be allocated pro rata to the target allocations in Section 13. To indicate a source account other than DCA Plus, use Section 14, Special Requests, or the [Transfers and Allocations form.]

DCA Plus Term

6 months 12 months _____ % of initial investment. Default will be 100%.

12. REBALANCING Choose one rebalancing frequency. If you select a Custom Model in Section 13 with an optional rider in Section 10, rebalancing will be quarterly.

Quarterly Semiannually Annually



13. ALLOCATION OPTIONS Use this section to allocate 100% of your investment, unless using DCA. If using DCA, the allocations below will be your target allocations. **IMPORTANT:** To be eligible for an optional rider in Section 10, you must select **ONE** of the following options:

- I. **Portfolio Optimization:** Select one model. 100% of your investment will be allocated to the model selected.
- II. **Asset Allocation Strategies:** Indicate the percentage of your investment (or target for DCA) for each Asset Allocation Strategy. Allocations may be among these three strategies and must total 100%.
- III. **Custom Models:** Indicate no more than 15% in any individual investment. In addition, you must allocate at least 25% into each of Groups A, B, and C. Groups A, B, C, and D must total 100%. Group D is optional provided the previous requirements are met.

If you want to select individual investments and are not choosing an optional rider in Section 10, you may indicate any combination of investments in Option III. Allocations must total 100%.

Models	OPTION I: PORTFOLIO OPTIMIZATION
	Select one: <input type="checkbox"/> Model A <input type="checkbox"/> Model B <input type="checkbox"/> Model C <input type="checkbox"/> Model D <input type="checkbox"/> Model E

Asset Allocation Strategies	OPTION II: ASSET ALLOCATION STRATEGIES							
	100% allocation to one or a combination of these three strategies is approved for selection of an optional rider in Section 10.							
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><i>AllianceBernstein</i> _____ % <i>VPS Balanced</i></td> <td style="width: 33%;"><i>Franklin Templeton</i> _____ % <i>Wealth Strategy</i></td> <td style="width: 33%;"><i>Franklin Templeton</i> _____ % <i>VIP Founding Funds</i></td> </tr> <tr> <td><i>BlackRock</i> _____ % <i>Global Allocation</i></td> <td><i>V.I. Fund</i></td> <td></td> </tr> </table>	<i>AllianceBernstein</i> _____ % <i>VPS Balanced</i>	<i>Franklin Templeton</i> _____ % <i>Wealth Strategy</i>	<i>Franklin Templeton</i> _____ % <i>VIP Founding Funds</i>	<i>BlackRock</i> _____ % <i>Global Allocation</i>	<i>V.I. Fund</i>		_____ % Total
<i>AllianceBernstein</i> _____ % <i>VPS Balanced</i>	<i>Franklin Templeton</i> _____ % <i>Wealth Strategy</i>	<i>Franklin Templeton</i> _____ % <i>VIP Founding Funds</i>						
<i>BlackRock</i> _____ % <i>Global Allocation</i>	<i>V.I. Fund</i>							

Group A	OPTION III: CUSTOM MODELS OR INDIVIDUAL INVESTMENTS													
	Indicate no more than 15% in any individual investment. In addition, you must allocate at least 25% into each of Groups A, B, and C. Groups A, B, C, and D must total 100%. Group D is optional provided the previous requirements are met.													
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><i>Goldman Sachs</i> <u>10</u> % <i>Short Duration Bond</i></td> <td style="width: 33%;"><i>PAM</i> <u>10</u> % <i>High Yield Bond</i></td> <td style="width: 33%;"></td> </tr> <tr> <td><i>Highland Capital</i> _____ % <i>Floating Rate Loan</i></td> <td><i>PIMCO</i> _____ % <i>Managed Bond</i></td> <td></td> </tr> <tr> <td><i>JPMorgan</i> <u>10</u> % <i>Diversified Bond</i></td> <td><i>PIMCO</i> _____ % <i>Inflation Managed</i></td> <td></td> </tr> <tr> <td><i>PAM</i> _____ % <i>Money Market</i></td> <td></td> <td></td> </tr> </table>	<i>Goldman Sachs</i> <u>10</u> % <i>Short Duration Bond</i>	<i>PAM</i> <u>10</u> % <i>High Yield Bond</i>		<i>Highland Capital</i> _____ % <i>Floating Rate Loan</i>	<i>PIMCO</i> _____ % <i>Managed Bond</i>		<i>JPMorgan</i> <u>10</u> % <i>Diversified Bond</i>	<i>PIMCO</i> _____ % <i>Inflation Managed</i>		<i>PAM</i> _____ % <i>Money Market</i>			<u>30</u> % Total
<i>Goldman Sachs</i> <u>10</u> % <i>Short Duration Bond</i>	<i>PAM</i> <u>10</u> % <i>High Yield Bond</i>													
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Group B																																
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><i>Alger</i> <u>15</u> % <i>Small-Cap Growth</i></td> <td style="width: 33%;"><i>Janus</i> _____ % <i>Growth LT</i></td> <td style="width: 33%;"></td> </tr> <tr> <td><i>Analytic Investors/JPMorgan</i> _____ % <i>Long/Short Large-Cap</i></td> <td><i>Janus</i> _____ % <i>Focused 30</i></td> <td></td> </tr> <tr> <td><i>BlackRock</i> _____ % <i>Equity Index</i></td> <td><i>Lazard</i> _____ % <i>Mid-Cap Equity</i></td> <td></td> </tr> <tr> <td><i>BlackRock</i> _____ % <i>Small-Cap Index</i></td> <td><i>Loomis Sayles</i> _____ % <i>Large-Cap Growth</i></td> <td></td> </tr> <tr> <td><i>Capital Guardian</i> _____ % <i>Diversified Research</i></td> <td><i>NFJ</i> _____ % <i>Small-Cap Value</i></td> <td></td> </tr> <tr> <td><i>Capital Guardian</i> _____ % <i>Equity</i></td> <td><i>Oppenheimer</i> <u>15</u> % <i>Multi-Strategy</i></td> <td></td> </tr> <tr> <td><i>Capital Research</i> _____ % <i>American Funds® Growth-Income</i></td> <td><i>Oppenheimer</i> _____ % <i>Main Street® Core</i></td> <td></td> </tr> <tr> <td><i>Capital Research</i> <u>10</u> % <i>American Funds® Growth</i></td> <td><i>Van Kampen</i> _____ % <i>Comstock</i></td> <td></td> </tr> <tr> <td><i>ClearBridge</i> _____ % <i>Large-Cap Value</i></td> <td><i>Van Kampen</i> _____ % <i>Mid-Cap Growth</i></td> <td></td> </tr> <tr> <td></td> <td><i>Vaughan Nelson</i> _____ % <i>Small-Cap Equity</i></td> <td></td> </tr> </table>	<i>Alger</i> <u>15</u> % <i>Small-Cap Growth</i>	<i>Janus</i> _____ % <i>Growth LT</i>		<i>Analytic Investors/JPMorgan</i> _____ % <i>Long/Short Large-Cap</i>	<i>Janus</i> _____ % <i>Focused 30</i>		<i>BlackRock</i> _____ % <i>Equity Index</i>	<i>Lazard</i> _____ % <i>Mid-Cap Equity</i>		<i>BlackRock</i> _____ % <i>Small-Cap Index</i>	<i>Loomis Sayles</i> _____ % <i>Large-Cap Growth</i>		<i>Capital Guardian</i> _____ % <i>Diversified Research</i>	<i>NFJ</i> _____ % <i>Small-Cap Value</i>		<i>Capital Guardian</i> _____ % <i>Equity</i>	<i>Oppenheimer</i> <u>15</u> % <i>Multi-Strategy</i>		<i>Capital Research</i> _____ % <i>American Funds® Growth-Income</i>	<i>Oppenheimer</i> _____ % <i>Main Street® Core</i>		<i>Capital Research</i> <u>10</u> % <i>American Funds® Growth</i>	<i>Van Kampen</i> _____ % <i>Comstock</i>		<i>ClearBridge</i> _____ % <i>Large-Cap Value</i>	<i>Van Kampen</i> _____ % <i>Mid-Cap Growth</i>			<i>Vaughan Nelson</i> _____ % <i>Small-Cap Equity</i>		<u>40</u> % Total
<i>Alger</i> <u>15</u> % <i>Small-Cap Growth</i>	<i>Janus</i> _____ % <i>Growth LT</i>																															
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<i>BlackRock</i> _____ % <i>Equity Index</i>	<i>Lazard</i> _____ % <i>Mid-Cap Equity</i>																															
<i>BlackRock</i> _____ % <i>Small-Cap Index</i>	<i>Loomis Sayles</i> _____ % <i>Large-Cap Growth</i>																															
<i>Capital Guardian</i> _____ % <i>Diversified Research</i>	<i>NFJ</i> _____ % <i>Small-Cap Value</i>																															
<i>Capital Guardian</i> _____ % <i>Equity</i>	<i>Oppenheimer</i> <u>15</u> % <i>Multi-Strategy</i>																															
<i>Capital Research</i> _____ % <i>American Funds® Growth-Income</i>	<i>Oppenheimer</i> _____ % <i>Main Street® Core</i>																															
<i>Capital Research</i> <u>10</u> % <i>American Funds® Growth</i>	<i>Van Kampen</i> _____ % <i>Comstock</i>																															
<i>ClearBridge</i> _____ % <i>Large-Cap Value</i>	<i>Van Kampen</i> _____ % <i>Mid-Cap Growth</i>																															
	<i>Vaughan Nelson</i> _____ % <i>Small-Cap Equity</i>																															

Group C														
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><i>AllianceBernstein</i> <u>10</u> % <i>International Value</i></td> <td style="width: 33%;"><i>MFS</i> _____ % <i>International Large-Cap</i></td> <td style="width: 33%;"></td> </tr> <tr> <td><i>Batterymarch</i> _____ % <i>International Small-Cap</i></td> <td><i>Oppenheimer</i> <u>10</u> % <i>Emerging Markets</i></td> <td></td> </tr> <tr> <td><i>Columbia</i> <u>10</u> % <i>Technology</i></td> <td><i>Van Kampen</i> _____ % <i>Real Estate</i></td> <td></td> </tr> <tr> <td><i>Jennison</i> _____ % <i>Health Sciences</i></td> <td></td> <td></td> </tr> </table>	<i>AllianceBernstein</i> <u>10</u> % <i>International Value</i>	<i>MFS</i> _____ % <i>International Large-Cap</i>		<i>Batterymarch</i> _____ % <i>International Small-Cap</i>	<i>Oppenheimer</i> <u>10</u> % <i>Emerging Markets</i>		<i>Columbia</i> <u>10</u> % <i>Technology</i>	<i>Van Kampen</i> _____ % <i>Real Estate</i>		<i>Jennison</i> _____ % <i>Health Sciences</i>			<u>30</u> % Total
<i>AllianceBernstein</i> <u>10</u> % <i>International Value</i>	<i>MFS</i> _____ % <i>International Large-Cap</i>													
<i>Batterymarch</i> _____ % <i>International Small-Cap</i>	<i>Oppenheimer</i> <u>10</u> % <i>Emerging Markets</i>													
<i>Columbia</i> <u>10</u> % <i>Technology</i>	<i>Van Kampen</i> _____ % <i>Real Estate</i>													
<i>Jennison</i> _____ % <i>Health Sciences</i>														

Group D								
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><i>AllianceBernstein</i> _____ % <i>VPS Balanced</i></td> <td style="width: 33%;"><i>Franklin Templeton</i> _____ % <i>Wealth Strategy</i></td> <td style="width: 33%;"><i>Franklin Templeton</i> _____ % <i>VIP Founding Funds</i></td> </tr> <tr> <td><i>BlackRock</i> _____ % <i>Global Allocation</i></td> <td><i>V.I. Fund</i></td> <td></td> </tr> </table>	<i>AllianceBernstein</i> _____ % <i>VPS Balanced</i>	<i>Franklin Templeton</i> _____ % <i>Wealth Strategy</i>	<i>Franklin Templeton</i> _____ % <i>VIP Founding Funds</i>	<i>BlackRock</i> _____ % <i>Global Allocation</i>	<i>V.I. Fund</i>		_____ % Total
<i>AllianceBernstein</i> _____ % <i>VPS Balanced</i>	<i>Franklin Templeton</i> _____ % <i>Wealth Strategy</i>	<i>Franklin Templeton</i> _____ % <i>VIP Founding Funds</i>						
<i>BlackRock</i> _____ % <i>Global Allocation</i>	<i>V.I. Fund</i>							

GROUPS A–D MUST TOTAL 100%. 100 % Total



14. SPECIAL REQUESTS *If additional space is needed, attach a letter signed and dated by the owner(s).*

15. FRAUD NOTICES *The following states require insurance companies to provide a fraud warning statement. Refer to the fraud warning statement for your state as indicated below. Please check for state product availability.*

Colorado: It is unlawful to knowingly provide false, incomplete, misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services.

District of Columbia WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Pennsylvania: Any person who knowingly and 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 is a crime and subjects such person to criminal and civil penalties.

Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

All Other States: Any person who knowingly and 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.



16. STATEMENT OF OWNER(S) I understand that federal law requires all financial institutions to obtain the name, residential address, date of birth, Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination. I, the owner(s), understand that I have applied for a variable annuity contract ("contract") issued by Pacific Life Insurance Company ("company"). I received prospectuses for this variable annuity contract. After reviewing my financial background with my registered representative, I believe this contract, including the benefits of its insurance features, will meet my financial objectives based in part upon my age, income, net worth, tax and family status, and any existing investments, annuities, or other insurance products I own. If applicable, I considered the appropriateness of full or partial replacement of any existing life insurance or annuity. I also considered my liquidity needs, risk tolerance, and investment time horizon when selecting variable investment options. I understand the terms and conditions related to any optional rider applied for and believe that the rider(s) meet(s) my insurable needs and financial objectives. I have discussed all fees and charges for this contract with my registered representative, including withdrawal charges, if applicable. I understand that if I cancel a contract issued as a result of this application without penalty during the Right to Cancel initial review period, depending upon the state where my contract is issued, it is possible the amount refunded may be less than the initial amount I invested due to the investment experience of my selected investment options.

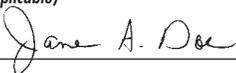
If there are joint owners, the issued contract will be owned by the joint owners as Joint Tenants with Right of Survivorship and not as Tenants in Common.

If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the registered representative the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act.

I certify, under penalties of perjury, that I am a U.S. person (including a U.S. resident alien) and that the taxpayer identification number is correct.

All answers to questions and statements made on this application are to the best of my knowledge and belief.

I UNDERSTAND THAT BENEFITS AND VALUES PROVIDED UNDER THE CONTRACT MAY BE ON A VARIABLE BASIS. AMOUNTS DIRECTED INTO ONE OR MORE VARIABLE INVESTMENT OPTIONS WILL REFLECT THE INVESTMENT EXPERIENCE OF THOSE INVESTMENT OPTIONS. THESE AMOUNTS MAY INCREASE OR DECREASE AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT.

Owner's Signature  SIGN HERE	Date (mo/day/yr) DATE 01/01/2007	Signed at: City CITY Anytown	State STATE U S
Joint Owner's Signature (if applicable)  SIGN HERE	Date (mo/day/yr) DATE 01/01/2007		

17. REGISTERED REPRESENTATIVE'S STATEMENT

17A. No Yes Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)

17B. No Yes Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued?

If "Yes," I affirm that I have instructed the applicant to answer "Yes" to the replacement question in Section 9B of this application. I hereby certify that I have used only Pacific Life's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I further certify that I have discussed the appropriateness of replacement and followed Pacific Life's written replacement guidelines.

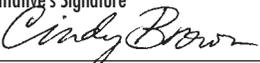
I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives.

I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, tax and family status, and any existing investments and insurance program.

I further certify that I have also considered the owner's liquidity needs, risk tolerance, and investment time horizon; that I followed my broker/dealer's suitability guidelines in both the recommendation of this annuity and the choice of investment options; and that this application is subject to review for suitability by my broker/dealer.

I further certify that I have truly and accurately recorded on the application the information provided to me by the applicant.

If the applicant is an active duty member of the United States Armed Forces (including active duty military reserve personnel), I certify that this application was not solicited and/or signed on a military base or installation, and I provided to the applicant the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act.

Soliciting Registered Representative's Signature  SIGN HERE	Print Registered Representative's Full Name Cindy Brown
Registered Representative's Telephone Number 213-495-0111	Registered Representative's E-Mail Address Option <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C
Broker/Dealer's Name Brown & Associates	Brokerage Account Number (optional)

Send completed application as follows:

APPLICATION WITH PAYMENT:

Regular Mail Delivery: P.O. Box 2290, Omaha, NE 68103-2290
 Express Mail Delivery: 1299 Farnam Street, 10th Floor, AMF, Omaha, NE 68102

APPLICATION WITHOUT PAYMENT:

Regular Mail Delivery: P.O. Box 2378, Omaha, NE 68103-2378
 Express Mail Delivery: 1299 Farnam Street, 10th Floor, AMF, Omaha, NE 68102



<i>SERFF Tracking Number:</i>	<i>PACL-125657121</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pacific Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39068</i>
<i>Company Tracking Number:</i>	<i>25-1151</i>		
<i>TOI:</i>	<i>A10 Annuities - Other</i>	<i>Sub-TOI:</i>	<i>A10.000 Annuities - Other</i>
<i>Product Name:</i>	<i>Variable Annuity Application</i>		
<i>Project Name/Number:</i>	<i>Variable Annuity Application/25-1151</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PACL-125657121 State: Arkansas
Filing Company: Pacific Life Insurance Company State Tracking Number: 39068
Company Tracking Number: 25-1151
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: Variable Annuity Application
Project Name/Number: Variable Annuity Application/25-1151

Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 05/19/2008
Comments:
Attachment:
AR REG 19 AND REG 6.pdf

Review Status:
Satisfied -Name: Application 05/19/2008
Comments:
See Form Schedule tab for application 25-1151

Review Status:
Bypassed -Name: Life & Annuity - Acturial Memo 05/19/2008
Bypass Reason: Not Applicable
Comments:

Review Status:
Satisfied -Name: Statement of Variability 05/20/2008
Comments:
Attachment:
AR SOV1151.pdf

PACIFIC LIFE INSURANCE COMPANY
700 Newport Center Drive • Newport Beach, CA 92660

STATE OF ARKANSAS

REGULATION 19 CERTIFICATION

Form Number(s): **Form Description(s):**
25-1151 Variable Annuity Application

I, Nancy A. Hill, hereby certify that the above form(s) meet the provisions of Regulation 19 as well as all applicable requirements of the Arkansas Department of Insurance.



Company Officer

Nancy A Hill

Name

Assistant Vice President Compliance

Title

05/22/2008

Date

Contact Person:

Maysy Vang
Compliance Analyst
Product Compliance
Email: Mvang@pacificlife.com
1-800-722-2333 Ext. 6907

PACIFIC LIFE INSURANCE COMPANY
700 Newport Center Drive • Newport Beach, CA 92660

STATE OF ARKANSAS

RULE AND REGULATION 6 CERTIFICATION

Form Number(s): **Form Description(s):**
25-1151 Variable Annuity Application

I, Nancy A. Hill, hereby provide our assurance that Rule and Regulation 6 has been reviewed and the above form(s) are in compliance said Rule and Regulation 6 as well as all other applicable requirements of the Arkansas Department of Insurance.



Company Officer

Nancy A Hill
Name

Assistant Vice President Compliance
Title

05/22/2008
Date

Contact Person:

Maysy Vang
Compliance Analyst
Product Compliance
Email: Mvang@pacificlife.com
1-800-722-2333 Ext. 6907

PACIFIC LIFE INSURANCE COMPANY

700 Newport Center Drive • Newport Beach, CA 92660

STATEMENT OF VARIABILITY

<u>Form Number</u>	<u>Form Description</u>
25-1151	Variable Annuity Application

This Statement of Variability identifies and explains the bracketed material contained in the above referenced application form.

Variable Annuity Application Form No. 25-1151

- 1. Product Name (First Page)** – The name of the Product applied for will be displayed.
- 2. Company Addresses and Toll-Free Telephone Numbers (First Page)** – In the event of a change in the company address, internet address and/or toll-free telephone numbers, the new information will be shown, accordingly.
- 3. Section 2 – Owner(s)** – The references to internal forms and their titles may change from time to time.
- 4. Section 3 – Death Benefit Coverage.** The optional death benefit rider shown in this section has been previously approved by the Department and available for the applicable contract. From time to time, we may add new optional death benefit riders and remove those riders that are no longer available or for which new sales have been discontinued. Any new optional death benefit rider added to this section will only be those optional death benefit riders that the Department has previously approved.
- 5. Section 7 – Contract Type.** The contract may be issued in connection with any of the contract types shown below. From time to time, we may add new contract types and remove those contract types that are no longer available or for which new sales have been discontinued.

Non-Qualified IRA SIMPLE IRA	SEP-IRA Roth IRA TSA/403(b)	401(a) 401(k) Individual(k)	457(b) 457(b)-501(c) Keogh/HR10
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- 6. Section 10 – Optional Riders.** The optional riders shown in this section are those that have been previously approved by the Department and available for the applicable contract. From time to time, we may add new optional riders and remove those riders that are no longer available or for which new sales have been discontinued. Any new optional rider added to this section will only be those optional riders that the Department has previously approved.
- 7. Section 11 – Dollar Cost Averaging.** The references to internal forms and their titles may change from time to time. Additionally, the guarantee terms shown are those currently available under the contract to which Purchase Payments may be allocated.
- 8. Section 12 – Rebalancing.** The rebalance schedules available under the Contract.
- 9. Section 13 – Allocation Options.** The reference to allocation models and their titles may change from time to time. The Variable Investment Options shown are those currently available under the contract to which Purchase Payments may be allocated. From time to time, we may add, change or delete those Variable Investment Options.
- 10. Section 15 – Fraud Statements.** The fraud statements may change due to state mandates or other regulatory requirements.
- 11. Section 16 – Option Box.** The commission schedules available under the Contract in which the Registered Representative can choose from.
- 12. Regular Mail and Express Mail Delivery Addresses** (bottom of last page) – In the event of a change in the company's mailing addresses, the new addresses will be shown.

Except as otherwise described above, no other bracketed material appears within the application.

Company Contact Person

For inquires regarding this Statement of Variability, please contact:

Maysy Vang, Compliance Analyst
Product Compliance
Email: mvang@pacificlifec.com
Toll Free: 800-722-2333 ext .6907
Direct Fax: 949-219-0579

Date Prepared: 05/22/2008