

SERFF Tracking Number: PACL-125997752 State: Arkansas
Filing Company: Pacific Life Insurance Company State Tracking Number: 41923
Company Tracking Number: 25-1159
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: 25-1159 Single Premium Deferred Annuity Application
Project Name/Number: 25-1159 Single Premium Deferred Annuity Application/25-1159

Filing at a Glance

Company: Pacific Life Insurance Company

Product Name: 25-1159 Single Premium
Deferred Annuity Application

TOI: A10 Annuities - Other

Sub-TOI: A10.000 Annuities - Other

Filing Type: Form

SERFF Tr Num: PACL-125997752 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 41923

Co Tr Num: 25-1159

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Authors: Larry Gardner, Karima

Disposition Date: 01/30/2009

Rajan, Maysy Vang, Brian Deleget,

Karen Givens

Date Submitted: 01/28/2009

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 25-1159 Single Premium Deferred Annuity Application

Status of Filing in Domicile: Pending

Project Number: 25-1159

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 01/30/2009

State Status Changed: 01/30/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

NAIC: 67466

FEIN: 95-1079000

To the Individual Life Insurance Department of Arkansas

SERFF Tracking Number: PACL-125997752 *State:* Arkansas
Filing Company: Pacific Life Insurance Company *State Tracking Number:* 41923
Company Tracking Number: 25-1159
TOI: A10 Annuities - Other *Sub-TOI:* A10.000 Annuities - Other
Product Name: 25-1159 Single Premium Deferred Annuity Application
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We are submitting the following annuity application for approval in your state:

Form Number Form Description

25-1159 Single Premium Deferred Annuity Application

When approved, the form submitted will replace application form 25-184 07, previously approved by your Department on 3/6/2007, SERFF Tracking Number PACL-125111184, State Tracking Number 35191.

The form has been revised primarily to provide for the following:

- Modifications to the Telephone/Electronic Authorization section.
- Addition of a Householding section. Householding permits companies to deliver one copy of contract owner documents to multiple contract owners who share the same household address.
- Text to address military sales added to the Statement of Owners section and Registered Representatives statement.

The form submitted will be used to apply for the single premium deferred annuity contract form 30-18400, previously approved by your Department on 8/12/2002 .

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 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.

The application achieved a readability flesch score of 50.3.

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 (866) 746-2724 ext 3281.

Company and Contact

Filing Contact Information

Karima Rajan, Compliance Specialist karima.rajan@pacificlife.com
 700 Newport Center (402) 574-3280 [Phone]
 Newport Beach, CA 92660 (402) 574-3256[FAX]

Filing Company Information

Pacific Life Insurance Company CoCode: 67466 State of Domicile: Nebraska
 700 Newport Center Drive Group Code: 709 Company Type: Annuities
 Newport Beach, CA 92660-6397 Group Name: State ID Number:
 (800) 722-2333 ext. [Phone] FEIN Number: 95-1079000

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	01/28/2009	25334661

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/30/2009	01/30/2009

SERFF Tracking Number: *PACL-125997752* *State:* *Arkansas*
Filing Company: *Pacific Life Insurance Company* *State Tracking Number:* *41923*
Company Tracking Number: *25-1159*
TOI: *A10 Annuities - Other* *Sub-TOI:* *A10.000 Annuities - Other*
Product Name: *25-1159 Single Premium Deferred Annuity Application*
Project Name/Number: *25-1159 Single Premium Deferred Annuity Application/25-1159*

Disposition

Disposition Date: 01/30/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PACL-125997752 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	cert of compliance		Yes
Supporting Document	cert		Yes
Form	Single Premium Deferred Annuity Application		Yes

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Form Schedule

Lead Form Number: 25-1159

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	25-1159	Application/ Single Premium Enrollment Deferred Annuity Form Application	Initial		50	25-1159.pdf



PACIFIC LIFE

Pacific Life Insurance Company
 P.O. Box 2378, Omaha, NE 68103-2378
 or 1299 Farnam Street, 6th Floor, AMF, Omaha, NE 68102
 www.PacificLife.com
 Contract Owners: (800) 722-4448

PACIFIC FRONTIERS

Single Premium Deferred Annuity Application

Registered Representatives/Producers, 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/producer appointment purposes.*

ADDITIONAL ANNUITANT(S) *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. OWNERS(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-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
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Residential Address (if different than mailing address)	City, State, Zip
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ADDITIONAL OWNER(S) *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
-----------------	------------------	-----

Residential Address (if different than mailing address)	City, State, Zip
---	------------------



3. 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 and representatives and/or agents will be held harmless for any claim, liability, loss, or cost.

ELECTRONIC INFORMATION CONSENT By providing the e-mail address below, I consent to receive my reports, statements, privacy notice and other notices, and documentation in electronic format when available instead of receiving 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. Not all contract documentation and notifications may be currently available in electronic format. I consent to receive in electronic format any documents added in the future. For jointly owned contracts, both owners are consenting to receive information electronically. I confirm that I have ready access to a computer with Internet access, an active e-mail account to receive this information electronically, and the ability to read and retain it. I understand that:

- There is no charge for electronic delivery, although my Internet provider may charge for Internet access.
- I must provide a current e-mail address and notify Pacific Life promptly when my e-mail address changes.
- I must update any e-mail filters that may prevent me from receiving e-mail notifications from Pacific Life.
- I may request a paper copy of the information at any time for no charge, even though I consented to electronic delivery, or if I decide to revoke my consent.
- For jointly owned contracts, both owners are consenting that the primary owner will receive information electronically. (Only the primary owner will receive e-mail notices.)
- Electronic delivery will be cancelled if e-mails are returned undeliverable.
- This consent will remain in effect until I revoke it.

Pacific Life is not required to deliver this information electronically and may discontinue electronic delivery in whole or in part at any time. Please call (800) 722-4448 if you would like to revoke your consent, wish to receive a paper copy of the information above, or need to update your e-mail address.



E-Mail address: JDoe@aol.com

4. 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 announcements and 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.

5. 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 contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary must be the owner listed on the application. Use Section 10, 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 %

6. CONTRACT TYPE *Select ONE.*

Non-Qualified¹
 SIMPLE IRA²
 Roth IRA
 401(a)⁴
 457(b) — gov't. entity⁴
 Keogh/HR10⁴
 IRA
 SEP-IRA
 TSA/403(b)³
 401(k)⁴
 457(b) — 501(c) tax-exempt⁴

¹ For trust-owned contracts, complete Trustee Certification and Disclosure form. ² Complete SIMPLE IRA Employer Information. ³ Complete TSA Certification. ⁴ Complete Qualified Plan and 457(b) Plan Disclosure.

7. SINGLE PREMIUM AMOUNT *Make check payable to Pacific Life Insurance Company.*

Note: Only one, single premium can be used to fund a contract. Combinations of cash and 1035 exchange/transfer paperwork are not permitted.

7A. NON-QUALIFIED CONTRACT PAYMENT TYPE

Indicate type of initial payment.

1035 exchange/estimated transfer \$ 5,000
 Amount enclosed \$ _____

7B. QUALIFIED CONTRACT PAYMENT TYPE

Indicate type of initial payment.

Transfer \$ _____
 Rollover \$ _____

If you have more than one contract to 1035 exchange/transfer or have a combination of cash and contracts to 1035 exchange/transfer, you must complete separate applications for each funding source. This will result in multiple contracts being issued.



8. SINGLE PREMIUM ALLOCATION Indicate whole percentages. Total must equal 100%.

1 Year Guarantee Term _____ %	5 Year Guarantee Term <u>100</u> %	9 Year Guarantee Term _____ %
2 Year Guarantee Term _____ %	6 Year Guarantee Term _____ %	10 Year Guarantee Term _____ %
3 Year Guarantee Term _____ %	7 Year Guarantee Term _____ %	
4 Year Guarantee Term _____ %	8 Year Guarantee Term _____ %	Total <u>100</u> %

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

11. 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.

Louisiana and Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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.

12. 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 an individual single premium deferred annuity contract ("contract") issued by Pacific Life Insurance Company ("company"). After reviewing my financial background with my registered representative/producer, 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 guarantee terms. I have discussed all fees and charges for this contract with my registered representative/producer, including withdrawal charges.

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/producer 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.

Maine residents only: Maine's premium tax is 2%. The tax is based on the gross purchase payment paid at the time it is paid on the contract.

I UNDERSTAND THAT AMOUNTS WITHDRAWN OR APPLIED FOR AN ANNUITY BEFORE THE END OF A GUARANTEE TERM ARE SUBJECT TO A MARKET VALUE ADJUSTMENT.

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

13A. **CHECK ONE** Yes No 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.)

13B. **CHECK ONE** Yes No 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 time horizon; that I followed suitability guidelines in both the recommendation of this annuity and the choice of guarantee terms; and that this application is subject to review for suitability.

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/Producer's Signature SIGN HERE 	Print Registered Representative/Producer's Full Name Cindy Brown
Registered Representative/Producer's Telephone Number 213-495-0111	Registered Representative/Producer's E-Mail Address
Broker/Dealer's Name Brown & Associates	Brokerage Account Number (optional)

Option A B C

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, 6th 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, 6th Floor, AMF, Omaha, NE 68102



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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:
Satisfied -Name: Flesch Certification 01/20/2009
Comments:
Attachment:
AR Cert of Readability.pdf

Review Status:
Satisfied -Name: Statement of Variability 01/20/2009
Comments:
Attachment:
SOV1159.pdf

Review Status:
Satisfied -Name: cert of compliance 01/20/2009
Comments:
Attachment:
AR Cert of Compliance.pdf

Review Status:
Satisfied -Name: cert 01/20/2009
Comments:
Attachments:
AR Reg 6 Cert.pdf
AR Reg 19 Cert.pdf

PACIFIC LIFE INSURANCE COMPANY

700 Newport Center Drive • Newport Beach, CA 92660

STATE OF ARKANSAS

CERTIFICATION OF READABILITY

This is to certify that the form(s) submitted herewith achieved the following reading ease score(s) as calculated by the Flesh Reading Ease Test and complies with the requirements of Arkansas State Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Simplification Act.

Form Number	Score
25-1159	50.3



Company Officer

Nancy A. Hill

Name

Assistant Vice President

Title

1/20/2009

Date

Contact Person:

Karima Rajan
Compliance Analyst
Product Compliance
Email: amfproduct.filing@paciiclife.com
866-746-2724 Ext. (3280)

PACIFIC LIFE INSURANCE COMPANY

700 Newport Center Drive • Newport Beach, CA 92660

STATEMENT OF VARIABILITY

<u>Form Number</u>	<u>Form Description</u>
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25-1159	Single Premium Deferred Annuity Application
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This Statement of Variability identifies and explains the bracketed material contained in the above referenced application form.

Deferred Annuity Application Form No. 25-1159

- 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) (First Page)** – The references to internal forms and their titles may change from time to time.
- 4. Section 6 – Contract Type (Second Page).** 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)	457(b) 457(b)-501(c) Keogh/HR10
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- 5. Section 6 – Contract Type (Second Page).** The references to internal forms and their titles may change from time to time.
- 6. Section 8 – Single Premium Allocation (Third Page).** The Guarantee Term options may change. The guarantee terms range from 1 to 10 years.
- 7. Section 11 – Fraud Statements (Third Page).** The fraud statements may change due to state mandates or other regulatory requirements.
- 8. Section 13 – Option Box (Fourth Page).** The commission schedules available under the Contract in which the Registered Representative/Producer can choose from.
- 9. 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 inquiries regarding this Statement of Variability, please contact:

Karen Givens, J.D.
Product Compliance
Email: amfproduct.filing@pacificlife.com
Toll Free: 866-746-2724 ext .3281
Direct Fax: 402-574-3256

Date Prepared: 01/20/2009

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

STATE OF ARKANSAS

CERTIFICATION OF COMPLIANCE

RE: 25-1159 Single Premium Deferred Annuity Application

We hereby certify that this form is in compliance with Regulation 34, Section 6 - Valuation and Section 7 - Nonforfeiture. In no case shall the reserves, under this policy, be less than the actual Cash Surrender Values provided for under the policy contract.



Company Officer

Nancy A. Hill

Name

Assistant Vice President

Product Compliance

Title

1/20/2008

Date

Contact Person:

Karima Rajan
Compliance Analyst
Product Compliance
Email: amfproduct.filing@paciiclife.com
866-746-2724 Ext. (3280)

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

STATE OF ARKANSAS

RULE AND REGULATION 6 CERTIFICATION

Form Number(s):

25-1159

Form Description(s):

Single Premium Deferred 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
Title

1/20/2009
Date

Contact Person:

Karima Rajan
Compliance Analyst
Product Compliance
Email: amfproduct.filing@paciiclfe.com
866-746-2724 Ext. (3280)

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

STATE OF ARKANSAS

REGULATION 19 CERTIFICATION

Form Number(s):

25-1159

Form Description(s):

Single Premium Deferred 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

Title

1/20/2009

Date

Contact Person:

Karima Rajan
Compliance Analyst
Product Compliance
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