

SERFF Tracking Number: PALD-126111910 State: Arkansas
Filing Company: Pacific Life Insurance Company State Tracking Number: 42114
Company Tracking Number: N08VOC
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: N08VOC
Project Name/Number: N08VOC/N08VOC

Filing at a Glance

Company: Pacific Life Insurance Company

Product Name: N08VOC

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: PALD-126111910 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 42114

Co Tr Num: N08VOC

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Jill Dease

Disposition Date: 04/20/2009

Date Submitted: 04/14/2009

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: N08VOC

Project Number: N08VOC

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/20/2009

Deemer Date:

Submitted By: Jill Dease

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 04/20/2009

Created By: Jill Dease

Corresponding Filing Tracking Number:
N08VOC

Filing Description:

April 13, 2009

NAIC # 00067466

NAIC Group # 709

FEIN # 95-1079000

Mr. John Shields

Policy Form Filings, Life

Arkansas Department of Insurance

1200 W Third Street

SERFF Tracking Number: PALD-126111910 State: Arkansas
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Little Rock, AR 72201-1904

Re: Form # N08VOC, Verification of Coverage Form
TOI: L08.000 Life-Other

Dear Mr. Shields:

We are submitting the above referenced form, which does not replace any existing approved form, for your approval. According to our research, this filing is required because your state has adopted the NCOIL Life Settlements Model Act, or its equivalent, and the adoption requires such filing.

Please note that Pacific Life Insurance Company is NOT a life settlements company, but it is required by applicable law and regulation to respond to requests from life settlements companies. Further, the form used for such response is required by your state's law and/or regulation, best as we can determine, to be filed in your state for approval. If no such filing is required by your state, please let us know.

The form submitted for your approval has identical content to the form described in Appendix B of the NAIC Viatical Settlements Model Regulation, modified only by including our company's name, address, etc.

The following pertain to this submission:

- This filing is not being submitted to Nebraska, our state of domicile, because no filing is required there.
- This form will become effective upon approval.
- The Verification of Coverage form (N08VOC) does not need to pass readability requirements (it does not comprise part of any policy), so no readability score is provided.
- If a filing fee is required, it is handled in the usual manner.
- A self addressed envelope and three copies of the form in question have been enclosed per the Rate/Rule and Form Filing Requirements published on the Department of Commerce and Consumer Affairs website.

To the best of my knowledge and belief this filing complies with the laws and regulations of your state. If you would like to discuss any aspect of this filing, please feel free to contact me at (800) 800-6416, extension 7081 or via e-mail at jill.dease@pacificlife.com.

Sincerely,

Jill Dease
Senior Compliance Analyst, Product Compliance, Life Division

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Company and Contact

Filing Contact Information

Jill Dease, Compliance Analyst Jill.Klinger@pacificlife.com
 45 Enterprise Drive 949-420-7081 [Phone]
 Aliso Viejo, CA 92656 949-420-7424 [FAX]

Filing Company Information

Pacific Life Insurance Company CoCode: 67466 State of Domicile: Nebraska
 45 Enterprise Drive Group Code: 709 Company Type:
 Aliso Viejo, CA 92656 Group Name: State ID Number:
 (949) 420-7080 ext. [Phone] FEIN Number: 95-1079000

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: \$20.00 per form if no policy is filed
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pacific Life Insurance Company	\$20.00	04/14/2009	27153615

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/20/2009	04/20/2009

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Disposition

Disposition Date: 04/20/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PALD-126111910</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pacific Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42114</i>
<i>Company Tracking Number:</i>	<i>N08VOC</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>N08VOC</i>		
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Form	NAIC Verification of Coverage		Yes

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Form Schedule

Lead Form Number: N08VOC

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	N08VOC	Notice of Coverage	NAIC Verification of Coverage	Initial			N08VOC.pdf

PACIFIC LIFE INSURANCE COMPANY

Life Insurance Operations Center
 P.O. Box 2030 • Omaha, NE 68103-2030
 (800) 347-7787 • Fax (949) 462-3066
 www.PacificLife.com



PACIFIC LIFE

PACIFIC LIFE NAIC VERIFICATION OF COVERAGE

Submitted to Insurance Company Name Pacific Life Insurance Company	NAIC # 00067466	Policy Number
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VIATICAL SETTLEMENT BROKER/PROVIDER INFORMATION	Name				
	Address: Street	City	State	Zip Code	Telephone Number (include area code)
	Contact Name:				Title

IF INFORMATION IS CORRECT, INSURER REPRESENTATIVE MAY PLACE A CHECKMARK IN THE BOX. OTHERWISE PROVIDE CORRECTED INFORMATION THROUGHOUT THIS FORM. AN ASTERISK INDICATES INFORMATION THE VIATICAL SETTLEMENT PROVIDER/BROKER MUST PROVIDE.

POLICYOWNER'S AND INSURED'S INFORMATION

	This column to be completed by Viatical Settlement Broker /Provider	This column to be completed by Insurance Company
Policyowner's Name	*	
Street Address	*	
City, State, Zip Code	*	
Tax ID or Social Security Number	*	
Insured's Name	*	
Insured's Date of Birth	*	
Second Insured's Name (if applicable)	*	
Second Insured's Date of Birth (if applicable)	*	

I hereby consent by my signature below to release of information requested by this form by the insurance company to the viatical settlement broker/provider.

SIGNED AND DATED ON:

Date (mm/dd/yyyy)



X

Policyowner's Name: First MI Last (print)

Policyowner's* Signature (Include Title, if corporation, trust, or business entity)

PACIFIC LIFE NAIC VERIFICATION OF COVERAGE



IS THE POLICY IN FORCE? YES NO

IF NO, SIGN, AND DATE ON PAGE 3 AND RETURN TO THE VIATICAL SETTLEMENT BROKER OR PROVIDER THAT SUBMITTED THE VERIFICATION OF COVERAGE.

POLICY TYPE, RIDERS & OPTIONS

TERM WHOLE LIFE UNIVERSAL LIFE VARIABLE

If a question is not applicable to the type of policy, write N/A in the column.

	This column to be completed by Viatical Settlement Broker /Provider	This column to be completed by Insurance Company
Original issue date	*	
Maturity date of policy		
State of issue	*	
Does the policy have an irrevocable beneficiary?	*	
Is the policy currently assigned?	*	
Was the policy ever converted or reinstated?		
Is the policy in the contestability period?	*	
Is the policy in the suicide period?	*	
List all riders and indicate if any are in the contestable or suicide period.	*	
	*	
	*	
	*	
	*	
	*	
	*	

POLICY VALUES

	This column to be completed by Viatical Settlement Broker /Provider	This column to be completed by Insurance Company
Policy values as of (insert date)		
Current face amount of policy	*	
Amount of accumulated dividends		
Current face amount of riders		
Amount of any outstanding loan	*	
Amount of outstanding interest on policy loans		
Current net death benefit	*	
Current account value	*	
Current cash surrender value	*	
Is policy participating?	*	
If yes, what is the current dividend option?	*	

PACIFIC LIFE NAIC VERIFICATION OF COVERAGE



PREMIUM INFORMATION

	This column to be completed by Viatical Settlement Broker /Provider	This column to be completed by Insurance Company
Current payment mode	*	
Current modal premium	*	
Date last premium paid	*	
Date next premium due	*	
Current monthly cost of insurance as of (insert date)		
Date of last cost of insurance deduction		

TO BE COMPLETED BY VIATICAL SETTLEMENT BROKER/PROVIDER

The information submitted for verification by the viatical settlement broker/provider is correct and accurate to the best of my knowledge and has been obtained through the Policyowner and/or insured.



X

Broker/Provider's Name: First MI Last (print)

Broker/Provider's Signature (Include Title, if corporation, trust, or business entity)

TO BE COMPLETED BY INSURANCE COMPANY

The information provided by verification by the insurance company is correct and accurate to the best of my knowledge as of ____ (date)

INSURANCE COMPANY INFORMATION	Name Pacific Life Insurance Company	NAIC # 00067466
	Address: Street City State Zip Code PO Box 2030 Omaha, NE 68103-2030	Telephone Number (include area code) (800) 347-7787
	Insurer Representative's Name: First MI Last	Title



X

Representative's Signature

Please provide information about where the forms listed below should be submitted for processing.

Name	Title
Company Name Pacific Life Insurance Company	
Mailing Address PO Box 2030 Omaha, NE 68103-2030	Overnight Address 1299 Farnam Street, 4 th Floor, Omaha, NE 68102
Telephone Number (800) 347-7787	Fax Number (949) 462-3066

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: N/A - These certifications do not apply to this filing		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: N/A - There is no policy being filed here, so application does not apply.		
Comments:		
N/A - no policy filed here.		