

<i>SERFF Tracking Number:</i>	<i>PACL-126282803</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pacific Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43532</i>
<i>Company Tracking Number:</i>	<i>20-1172</i>		
<i>TOI:</i>	<i>A10 Annuities - Other</i>	<i>Sub-TOI:</i>	<i>A10.000 Annuities - Other</i>
<i>Product Name:</i>	<i>Stepped-up Death Benefit Rider</i>		
<i>Project Name/Number:</i>	<i>Stepped-up Death Benefit Rider/20-1172</i>		

## Filing at a Glance

Company: Pacific Life Insurance Company

Product Name: Stepped-up Death Benefit Rider SERFF Tr Num: PACL-126282803 State: Arkansas

TOI: A10 Annuities - Other SERFF Status: Closed-Approved- State Tr Num: 43532  
Closed

Sub-TOI: A10.000 Annuities - Other Co Tr Num: 20-1172 State Status: FEES PAID

Filing Type: Form Reviewer(s): Linda Bird

Authors: Larry Gardner, Maysy Disposition Date: 09/21/2009

Vang, Brian Deleget, Karen Givens

Date Submitted: 09/17/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Stepped-up Death Benefit Rider

Project Number: 20-1172

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/21/2009

Deemer Date:

Submitted By: Maysy Vang

Filing Description:

NAIC: 67466

FEIN: 95-107900

Status of Filing in Domicile: Pending

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: 09/21/2009

Created By: Maysy Vang

Corresponding Filing Tracking Number:

To the Individual Life Insurance Department of Arkansas.

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

Form Number Form Description

SERFF Tracking Number: PACL-126282803 State: Arkansas  
Filing Company: Pacific Life Insurance Company State Tracking Number: 43532  
Company Tracking Number: 20-1172  
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other  
Product Name: Stepped-up Death Benefit Rider  
Project Name/Number: Stepped-up Death Benefit Rider/20-1172

## 20-1172 Stepped-Up Death Benefit Rider

The form submitted is new and does not replace any previously approved form.

### Summary of Rider Benefits

If elected by the Owner and subject to the conditions set forth in the rider, this rider provides for an increased death benefit protection over the standard death benefit available under the Contract. This rider provides a death benefit that is the greater of the Contract Value and Purchase Payments adjusted for withdrawals or highest annual step-up through Annuitant age 80 adjusted for withdrawals and Purchase Payments.

### Eligibility

The rider may be purchased and added to the Contract only at the time of application for the contract, provided that on the date the rider is purchased (the "Rider Effective Date") the age of each Annuitant is 75 years or younger.

### Annual Charge

Currently, the annual charge for expenses related to this Rider is equal to 0.20%. This charge is guaranteed not to increase.

### Availability

When approved, this rider will be available to new contract owners of the individual variable annuity contract forms listed below, as well as any future variable annuity contract that may be approved prospectively by the Department:

Form Number - Issue Ages Min/Max - State Tracking Number - Date Approved - SERFF Tracking Number

10-10300 - 0 / 85 - N/A - 11/25/2002 - N/A

10-1107 - 0 / 85 - 31740 - 1/31/2006 - USPH-6L4R2B106

10-1108 - 0 / 80 - 26069 - 4/14/2004 - USPH-5XUQHZ984

10-1128 - 0 / 90 - 31553 1/12/2006 - USPH-6K8MUR948

10-1130 - 0 / 85 - 33657 - 9/15/2006 - USPH-6T8LDL846

10-1136 - 0 / 85 - 35679 - 4/24/2007 - PACL-125155469

10-1143 - 0 / 85 - 38370 - 3/13/2008 - PACL-125512296

The form submitted:

SERFF Tracking Number: PACL-126282803 State: Arkansas  
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- 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 to only minor modification in paper size, stock, ink, border, Company logo, and adaptation to electronic media or computer printing.

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.

These forms are submitted in final print and are subject to only minor modification in paper size, stock, ink, border, Company logo, and adaptation to electronic media or computer printing.

Should you have any questions or require additional information, please call toll-free 1-866-746-2724 ext. 3281.

Sincerely,

Karen Givens, J.D.  
Sr. Compliance Analyst  
Product Compliance  
Email: amfproduct.filing@pacificlife.com  
866-746-2724 ext. 3281

## Company and Contact

### Filing Contact Information

Maysy Vang, Compliance Analyst Mvang@pacificlife.com  
700 Newport Center Drive 949-219-6907 [Phone]  
Newport Beach, CA 92660 949-219-0579 [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

SERFF Tracking Number: PACL-126282803 State: Arkansas  
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## 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	09/17/2009	30624416

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/21/2009	09/21/2009

*SERFF Tracking Number:* PACL-126282803      *State:* Arkansas  
*Filing Company:* Pacific Life Insurance Company      *State Tracking Number:* 43532  
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*TOI:* A10 Annuities - Other      *Sub-TOI:* A10.000 Annuities - Other  
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## **Disposition**

Disposition Date: 09/21/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PACL-126282803 State: Arkansas  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	1172 Statement of Variability		Yes
Supporting Document	CERTIFICATION 6 & 19		Yes
Form	Stepped-Up Death Benefit Rider		Yes

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## Form Schedule

Lead Form Number: 20-1172

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	20-1172	Policy/Cont ract/Fraternal Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	R1172 SDBR.Rev9.1 .09.pdf



# PACIFIC LIFE

Pacific Life Insurance Company  
700 Newport Center Drive  
Newport Beach, CA 92660  
(800) 722-4448

## STEPPED-UP DEATH BENEFIT RIDER

**Pacific Life Insurance Company**, a stock company, has issued this Rider as a part of the annuity Contract to which it is attached.

All provisions of the Contract that do not conflict with this Rider apply to this Rider. In the event of any conflict between the provisions of this Rider and the provisions of the Contract, the provisions of this Rider shall prevail over the provisions of the Contract.

You have elected the Stepped-up Death Benefit Rider ("SDBR"). The annual charge for expenses related to the SDBR is shown in the Contract Specifications. This charge will be assessed daily against assets held in your Variable Investment Options(s) and is guaranteed not to increase.

This SDBR may be elected only at the Contract Date and will remain in effect until the earlier of (a) a full withdrawal of the amount available for withdrawal under the Contract, (b) when death benefit proceeds become payable under the Contract, (c) any termination of the Contract in accordance with the provisions of the Contract, or (d) the Annuity Date. This SDBR may only be elected if the Age of each Owner and Annuitant is 75 years or younger on the Contract Date.

A provision entitled **Guaranteed Minimum Death Benefit ("GMDB") Amount** is added after the **Death Benefit Amount** provision of the **DEATH BENEFIT** section of your Contract as follows:

**Guaranteed Minimum Death Benefit ("GMDB") Amount** - The GMDB Amount will be calculated only when death benefit proceeds become payable only if an Owner or the sole surviving Annuitant dies before the Annuity Date and while the Contract is in force, and is determined as follows:

First, we calculate what the Death Benefit Amount would have been as of your first Contract Anniversary and each subsequent Contract Anniversary that occurs before death benefit proceeds become payable and before the oldest of the Owner or Annuitant reaches his or her 81<sup>st</sup> birthday (each of these Contract Anniversaries is a "Milestone Date"). We then adjust the Death Benefit Amount for each Milestone Date by: (i) adding the aggregate amount of any Purchase Payments received by us since that Milestone Date; and (ii) subtracting an amount for each withdrawal that has occurred since that Milestone Date, which is calculated as  $A \times (B / C)$ , where:

A = The Death Benefit Amount immediately prior to the withdrawal;

B = The amount of the withdrawal, including withdrawal charges, if any, that has occurred since that Milestone Date;

C = The Contract Value immediately prior to the withdrawal.

The highest of these adjusted Death Benefit Amounts as of the Notice Date is your GMDB Amount. The "Notice Date" is the day on which we receive, in a form satisfactory to us, proof of death and instructions regarding payment of death benefit proceeds.

The **Death of Annuitant** provision under the **DEATH BENEFIT** section of your Contract is replaced in its entirety as follows:

**Death of Annuitant** - If the sole surviving Annuitant dies before the Owner and before the first Milestone Date and before the Annuity Date, the death benefit will be equal to your Death Benefit Amount as of the Notice Date.

If the Annuitant dies before the Owner and after the first Milestone Date and before the Annuity Date, the death benefit will be equal to the greater of the Death Benefit Amount and the GMDB Amount as of the Notice Date. Unless there is a surviving Joint Annuitant or Contingent Annuitant, we will pay the death benefit proceeds to the first person among the following who is (1) living; or (2) an entity entitled to receive the death benefit proceeds, following the death of the sole surviving Annuitant:

- (a) the Owner;
- (b) the Joint Owner;
- (c) the Beneficiary; or
- (d) the Contingent Beneficiary.

If none are living (or if there is no entity entitled to receive the death benefit proceeds), we will pay the death benefit proceeds to the Owner's estate.

If an Annuitant dies and there is a surviving Joint Annuitant, the surviving Joint Annuitant becomes the Annuitant. If there is no surviving Joint Annuitant and there is a Contingent Annuitant, the Contingent Annuitant becomes the Annuitant. Death benefit proceeds are payable only as the result of the death of an Owner or the sole surviving Annuitant prior to the Annuity Date.

If the sole surviving Annuitant dies, we will determine the amount of any death benefit and the Beneficiary under the Death of Annuitant provisions. If the Contract is a Non-Qualified Contract, we will distribute any death benefit proceeds under the Death of Owner Distribution Rules.

The **Death of Owner** provision under the **DEATH BENEFIT** section of your Contract is replaced in its entirety as follows:

**Death of Owner** – If the Owner dies before the sole surviving Annuitant and before the first Milestone Date and before the Annuity Date, the death benefit proceeds will be equal to the Death Benefit Amount as of the Notice Date.

If the Owner dies before the sole surviving Annuitant and after the first Milestone Date and before the Annuity Date, the death benefit will be equal to the greater of the Death Benefit Amount and the GMDB Amount as of the Notice Date. We will pay the death benefit proceeds to the first among the following who is (1) living; or (2) an entity entitled to receive the death benefit proceeds:

- (a) the Joint Owner;
- (b) the Beneficiary; or
- (c) the Contingent Beneficiary.

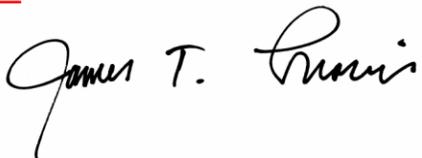
If none are living (or if there is no entity entitled to receive the death benefit proceeds), we will pay the death benefit proceeds to the Owner's estate.

If the Owner is a Non-Natural Owner of a Contract other than a Contract issued under a Qualified Plan as defined in Section 401 or 403 of the Code, the Primary Annuitant will be treated as the Owner of the Contract for purposes of the **Death of Owner Distribution Rules**.

**Rider Effective Date** – This Rider is effective on the Contract Date.

All other terms and conditions of your Contract remain unchanged.

## PACIFIC LIFE INSURANCE COMPANY

  
Chairman and Chief Executive Officer

  
Secretary

<i>SERFF Tracking Number:</i>	<i>PACL-126282803</i>	<i>State:</i>	<i>Arkansas</i>
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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Flesch Certification		
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			
		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application		
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			
		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	1172 Statement of Variability		
<b>Comments:</b>			
<b>Attachment:</b>	SOV 1172.pdf		
		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	CERTIFICATION 6 & 19		
<b>Comments:</b>			
<b>Attachment:</b>	AR 1172 CERTS.pdf		

# PACIFIC LIFE INSURANCE COMPANY

700 Newport Center Drive • Newport Beach, CA 92660

## STATEMENT OF VARIABILITY

### Form Number

### Form Description

20-1172

Stepped-Up Death Benefit Rider

The following is an explanation of the variable material applicable to the above referenced form.

**Company Address and Phone Number (Page 1)** – In the event of a change in the company address and/or phone number, the new information will be shown.

**Company Officer's Signatures and Titles (Page 2)** – In the event of a change in company officers, the new company officer's signature and title will be shown.

Except as otherwise described above, no other variable items appear within the rider.

### Company Contact Person

For inquires regarding this Statement of Variability, please contact:

Karen Givens, J.D.  
Sr. Compliance Analyst  
Product Compliance  
Email: [amfproduct.filing@pacificlife.com](mailto:amfproduct.filing@pacificlife.com)  
866-746-2724 ext. 3281

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):**  
20-1172                      Stepped-up Death Benefit Rider

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

9/17/09  
\_\_\_\_\_  
Date

Contact Person:

Karen Givens  
Sr. Compliance Analyst  
Product Compliance  
Email: [amfproduct.filing@pacificlif.com](mailto:amfproduct.filing@pacificlif.com)  
866-746-2724 ext. 3281

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

**STATE OF ARKANSAS**

**REGULATION 19 CERTIFICATION**

**Form Number(s):**      **Form Description(s):**  
20-1172                      Stepped-up Death Benefit Rider

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

9/17/09  
\_\_\_\_\_  
Date

Contact Person:

Karen Givens  
Sr. Compliance Analyst  
Product Compliance  
Email: [amfproduct.filing@pacifclife.com](mailto:amfproduct.filing@pacifclife.com)  
866-746-2724 ext. 3281