

<i>SERFF Tracking Number:</i>	<i>PALD-127028071</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pacific Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47959</i>
<i>Company Tracking Number:</i>	<i>A11EIS</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>A11EIS</i>		
<i>Project Name/Number:</i>	<i>A11EIS/A11EIS</i>		

Filing at a Glance

Company: Pacific Life Insurance Company

Product Name: A11EIS

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: PALD-127028071 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 47959

Co Tr Num: A11EIS

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Jill Dease

Disposition Date: 02/22/2011

Date Submitted: 02/10/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: 03/01/2011

Implementation Date:

State Filing Description:

General Information

Project Name: A11EIS

Project Number: A11EIS

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 02/22/2011

State Status Changed: 02/22/2011

Deemer Date:

Created By: Jill Dease

Submitted By: Jill Dease

Corresponding Filing Tracking Number: A11EIS

Filing Description:

Re: Form A11EIS, Supplement to Application for Indexed Universal Life Insurance

We are submitting the above referenced individual life insurance form in final print for your approval. This is a new form that does not replace any previously approved forms. This new form is being submitted in Nebraska, our state of domicile; and in all other states where Pacific Life is licensed which require such filing. Application Supplement form A11EIS is intended for use with applications for life insurance when applying for an Indexed Universal Life Insurance policy. The form provides for owner instructions for allocation to all available accounts, as well as various required disclosures for Indexed UL products.

- Any required certifications are enclosed.

SERFF Tracking Number: PALD-127028071 State: Arkansas
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- The form satisfies any relevant readability requirements (any required certification is enclosed), with a readability score of 50.3.
- This form will be marketed through our licensed agents. The target release date is 03/01/11, or upon approval.
- The form will be used mainly with application #A07MA2, previously approved by your state on 09/16/09.
- If a filing fee is required, it is handled in the usual manner.

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) 800-7681, extension 7081 or jill.dease@pacificlife.com.

Sincerely,

Jill Dease
Senior Compliance Analyst, Product Compliance, Life Division

Company and Contact

Filing Contact Information

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

Filing Company Information

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

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per form
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pacific Life Insurance Company	\$50.00	02/10/2011	44612732

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/22/2011	02/22/2011

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Disposition

Disposition Date: 02/22/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<i>Project Name/Number:</i>	<i>A11EIS/A11EIS</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Form	Supplement to Application for Indexed Universal Life		Yes

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Form Schedule

Lead Form Number: A11EIS

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	A11EIS	Application/ Supplement to Enrollment Application for Form Indexed Universal Life	Initial		50.300	A11EIS.pdf

PACIFIC LIFE INSURANCE COMPANY

[Life Insurance Operations Center
P.O. Box 2030 • Omaha, NE 68103-2030
(800) 347-7787 • Fax (866) 964-4860
www.PacificLife.com]



PACIFIC LIFE

**SUPPLEMENT TO APPLICATION
FOR INDEXED UNIVERSAL LIFE INSURANCE**

Insured's Name: First	MI	Last	Date of Birth (mm/dd/yyyy)
Policyowner's Name			Policy Number (if available)
Corporation, Trust or Business Entity's Name (if applicable)			

Net premiums and loan repayments are initially credited to the Fixed Account. Automatic Transfers from the Fixed Account to the Indexed Account(s) will be made on the next Transfer Date pursuant to your instructions below:

AUTOMATIC TRANSFERS AFTER PREMIUM PAYMENT AND/OR LOAN REPAYMENT Percentages must be whole numbers. The sum of the percentages may be equal to or less than 100%. These are my automatic transfer instructions.

- A. [1 Year Indexed Account _____ %
- B. 1 Year Indexed Account 2 (International Indexed Account) _____ %
- C. 2 Year Indexed Account _____ %
- D. 5 Year Indexed Account 2 (High Par 5 Year Indexed Account) _____ %]

E. By checking NO, I elect No Automatic Transfers (funds will remain in Fixed Account). **NO**
The amount automatically transferred is the lesser of: 1) your selected transfer percentage multiplied by all premium payments and loan repayments paid since the last Transfer Date; and 2) the balance of the Fixed Account as of the applicable Transfer Date.

ACKNOWLEDGEMENTS

I acknowledge that:

- I am applying for an Indexed Universal Life Insurance Product. The Indexed Universal Life Insurance Product includes a Fixed Account and Indexed Accounts. The Indexed Accounts use the gains and losses of an outside financial index to calculate the annual crediting rate.
- Net premiums and loan repayments are initially credited to the Fixed Account and will be transferred to the Indexed Accounts on the next eligible Transfer Date. Premiums received later than two business days prior to the Transfer Date are not eligible for transfer until the next Transfer Date.
- The Automatic Transfer instructions above indicate my request for transfers to the Indexed Accounts from the Fixed Account. I may change my instructions by written request to Pacific Life Insurance Company's Life Insurance Operations Center. Written requests must be received at least two business days prior to the Transfer Date.
- Segment Indexed Interest credits, if any, are not credited to the Indexed Accounts until the Segment Maturity.
- Even though values of the policy may be determined, in part, by reference to an external index, the policy does not directly participate in any stock or equity investments. Any values shown, other than minimum values, are not guarantees, promises, or warranties.
- I have received an illustration of the policy applied for or a copy of the disclosure material in the Client Brochure for the product.

SIGNATURES

If you are signing on behalf of an entity, you represent that you are authorized to execute this document and to make the statements that may be shown. You further represent that all requirements of those entities, including the use of any seal (in the case of a Corporation) and the number of authorized signatures (in the case of a Corporation and/or Trust), have been met.

SIGNED IN:

City	State
------	-------

SIGNED AND DATED ON:

Date (mm/dd/yyyy)



X
Policyowner's Signature, include Title, if Corporation, Trust, or Business Entity



X
Applicant's Signature, if other than Policyowner, and include Title, if Corporation, Trust or Business Entity



X
Additional Policyowner's Signature & Title (if applicable)

THE APPLICANT IS THE PARTY THAT APPLIES FOR THE POLICY.



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Product Name: A11EIS

Project Name/Number: A11EIS/A11EIS

Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

Readability Certification.pdf

AR1GuarAssocNote.pdf

AR Reg 19 Cert of Compliance.pdf

AR Reg 34 Cert of Compliance.pdf

Item Status:

Status

Date:

Satisfied - Item: Application

Comments:

Application A07MA2 approved on 9/16/2009

READABILITY CERTIFICATION

Form Filing for: **Pacific Life Insurance Company**

Policy Form Number(s): A11EIS

Form Name(s): Alternate Loan Rider

Flesch Score(s): 50.3

(Flesch test was made for entire form, not for selected samples.)

Test type: 10 point

I certify that in my judgment this filing is:

- **READABLE** (simple sentence structure – shortness of sentences – use of common words – avoidance of legal and technical terms to greatest possible extent and defining of those terms which cannot be avoided – minimum of cross-references).
- **LEGIBLE** (ample type size for text with contrasting type for headings and subheadings – ample space between lines – ample white space in margins and between section – ample ink-to-paper contrast).
- **IN LOGICAL ORDER AND FORMAT** (table of contents or index included – sections and subsections self-contained and arranged in logical flow – extensive use of headings and subheadings to facilitate location of particular items – outline form used where desirable for clarity).

I believe this filing:

- Meets or exceeds the requirements of the policy readability legislation already enacted in numerous states; and
- Meets or exceeds the requirements of the NAIC Model Bill on language simplification.

Signed for the Company at Newport Beach, California on

February 9, 2011



SIGNATURE

THOMAS S. BEADLESTON

NAME

VICE PRESIDENT

TITLE

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND DISABILITY INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or disability insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Disability Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Disability Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Disability Insurance Guaranty Association
c/o The Liquidation Division
1200 West Third Street (Third & Cross)
Little Rock, Arkansas 72201-1904

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety net is called the Arkansas Life and Disability Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or disability insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$100,000 in health insurance benefits, \$100,000 in present value of annuity benefits, or \$100,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

PACIFIC LIFE INSURANCE COMPANY
700 Newport Center Drive, Newport Beach, California 92660

STATE OF ARKANSAS

CERTIFICATION OF COMPLIANCE

RE: A11EIS

I hereby certify that to the best of my knowledge and belief, the above forms and their submission comply with Regulation 19, as well as the other laws and regulations of the State of Arkansas.

Signed for the Company at Newport Beach, California on February 10, 2011



SIGNATURE

THOMAS S. BEADLESTON

NAME

VICE PRESIDENT

TITLE

Contact Person:

Jill Klinger-Dease
Compliance Analyst, Product Compliance, 800-800-6416, extension 3618

(Arkansas)

PACIFIC LIFE INSURANCE COMPANY
700 Newport Center Drive, Newport Beach, California 92660

STATE OF ARKANSAS

CERTIFICATION OF COMPLIANCE

RE: A11EIS

I hereby certify that to the best of my knowledge and belief, the above forms and their submission comply with Regulation 34, as well as the other laws and regulations of the State of Arkansas.

Signed for the Company at Newport Beach, California on February 10, 2011



SIGNATURE

THOMAS S. BEADLESTON

NAME

VICE PRESIDENT

TITLE

Contact Person:

Jill Klinger Dease
Compliance Analyst, Product Compliance, 800-800-6416, extension 3618

(Arkansas)