

SERFF Tracking Number: PALD-127992785 State: Arkansas  
 Filing Company: Pacific Life Insurance Company State Tracking Number:  
 Company Tracking Number: A11AMD  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: A11AMD & E12RAB  
 Project Name/Number: A11AMD & E12RAB/A11AMD & E12RAB

## Filing at a Glance

Company: Pacific Life Insurance Company

Product Name: A11AMD & E12RAB

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: PALD-127992785 State: Arkansas

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

Co Tr Num: A11AMD

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Jill Dease

Disposition Date: 01/23/2012

Date Submitted: 01/18/2012

Disposition Status: Approved-  
 Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: A11AMD & E12RAB

Project Number: A11AMD & E12RAB

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 01/23/2012

State Status Changed: 01/23/2012

Deemer Date:

Created By: Jill Dease

Submitted By: Jill Dease

Corresponding Filing Tracking Number:

Filing Description:

We are submitting the above referenced individual (non-group) life insurance forms in final print for your approval. Both forms are new forms that do not replace any previously approved forms. The amendment will be attached to any approved application where there is missing or incorrect information that has been provided by the applicant. In such case, this amendment will be completed and attached to the application as a permanent record of the corrected information. The Right to Add Benefits to Policy Endorsement will be attached to approved policy form P11P11, and allows us to offer additional benefits to an In Force policy by rider or endorsement.

The following pertain to this submission

- The forms satisfy any relevant readability requirements with a readability score of 51.0 and 52.9 respectively. Any required certification is enclosed.

SERFF Tracking Number: PALD-127992785 State: Arkansas  
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Project Name/Number: A11AMD & E12RAB/A11AMD & E12RAB

- The target release is upon approval.
- The Amendment will be used with all approved applications, both submitted through the compact and those that have been approved outside of the compact. The endorsement will be issued with approved policy P11P11.
- If a filing fee is required, it is handled in the usual manner and any required certification forms are enclosed.
- Please note that this filing is exempt from the requirements of the regulation (Illustrations Actuary's Certification, etc.) because this is an application/amendment and endorsement filing.
- A Statement of Variability is enclosed.

To the best of my knowledge and belief this filing complies with the Compact standards available. If you would like to discuss any aspect of this filing, please feel free to contact me at (800) 800-7681, extension 7081.

Sincerely,

Jill Dease  
Sr. 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@pacificlifec.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: \$100.00  
Retaliatory? No  
Fee Explanation: \$50.00 per form

*SERFF Tracking Number:* PALD-127992785      *State:* Arkansas  
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*Product Name:* A11AMD & E12RAB  
*Project Name/Number:* A11AMD & E12RAB/A11AMD & E12RAB  
    2 forms  
    2 \* \$50.00 = \$100.00  
*Per Company:* No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pacific Life Insurance Company	\$100.00	01/18/2012	55549970

SERFF Tracking Number: PALD-127992785 State: Arkansas  
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Product Name: A11AMD & E12RAB  
Project Name/Number: A11AMD & E12RAB/A11AMD & E12RAB

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/23/2012	01/23/2012

SERFF Tracking Number: PALD-127992785 State: Arkansas  
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Product Name: A11AMD & E12RAB  
Project Name/Number: A11AMD & E12RAB/A11AMD & E12RAB

## Disposition

Disposition Date: 01/23/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:* PALD-127992785      *State:* Arkansas  
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*Project Name/Number:* A11AMD & E12RAB/A11AMD & E12RAB

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Statement of Variability		Yes
<b>Form</b>	Amendment to Application		Yes
<b>Form</b>	Right to Add Benefits to Policy		Yes
	Endorsement		

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## Form Schedule

### Lead Form Number: A11AMD

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	A11AMD	Application/ Amendment to Enrollment Application Form	Initial		51.000	A11AMD.pdf
	E12RAB	Policy/Cont Right to Add Benefits Initial ract/Fratern to Policy al Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52.900	E12RAB.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**

**AMENDMENT TO APPLICATION**

Producer Code	Field Office	Proposed Insured's Name	Policy Number
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[Product Name]	Policy Issue Date	[Planned Annual Premium]
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Face Amount/Death Benefit

Optional Benefits

Type of Change	Benefit Name	Coverage Amt (if applicable)
	.	
	.	
	.	
	.	
	.	

Death Benefit Option	Life Insurance Qualification Test	Guaranteed Cost of Insurance Period	Special Policy Dating
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[Primary] Policyowner	Soc. Sec. #/Tax ID #
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[Primary] Beneficiary
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Remarks

.

Proposed Insured's Name	Policy Number
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Variable Life Products Premium Allocation Instructions

**Signatures**

By signing below you agree that this amends the application for the policy number shown. You further agree this is to be attached to and made part of the policy.

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 any authorized signatures (in the case of a Corporation and/or Trust), have been met.

**SIGNED AND DATED ON:**

**X**  
**Policyowner's Signature.** If Corporation, Trust, or Business Entity, also print name and title

**X**  
**Additional Policyowner's Signature.** If Corporation, Trust, or Business Entity, also print name and title

**X**  
**Proposed Insured's Signature**

**X**  
**Proposed Additional Insured's Signature**

**X**  
**Applicant's Signature.** If Corporation, Trust, or Business Entity, also print name and title

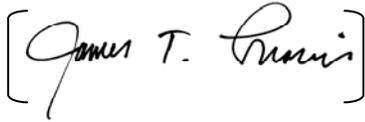
**X**  
**Soliciting Producer's Signature**

**RIGHT TO ADD BENEFITS TO POLICY ENDORSEMENT**

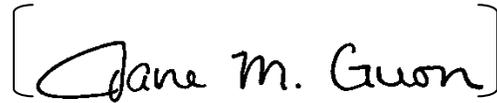
This endorsement becomes part of the policy to which it is attached.

**Right to Add Benefits** – From time to time we may offer additional benefits that could be available to your policy by rider or endorsement. To request such an additional benefit, you must submit to us a Written Request. You or the proposed Insured may be subject to new underwriting for any additional benefit requested. If an additional benefit requested is issued pursuant to this paragraph, a Supplemental Schedule of Coverage will be mailed to your last known address.

Signed for Pacific Life Insurance Company,



Chairman, President and Chief Executive Officer



Secretary

[[www.PacificLife.com](http://www.PacificLife.com)]

[(800) 347-7787]

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 Project Name/Number: A11AMD & E12RAB/A11AMD & E12RAB

## Supporting Document Schedules

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachments:**

Readability Certification Amend.Endorse.pdf  
 AR1GuarAssocNote.pdf  
 AR Reg 34 Cert of Compliance.pdf  
 AR Reg 19 Cert of Compliance.pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Application

**Comments:**

The amendment will be used with the following applications:

Form #	SERFF Tracking #	Approval Date
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A11EIS	PALD-127028071	02/22/11
A10IUW2	PALD-126516015	03/17/2010
A10TRM	PALD-126375439	12/01/2009
A10SUW	PALD-126579301	04/15/2010
A09PUL	PALD-126126749	05/27/2009
A09IUW2	PALD - 126227146	09/16/2009
A07MA2	PALD-126227146	09/16/2009
A07ISI2	PALD-126227146	09/16/2009
A07IGI2	PALD-126227146	09/16/2009
A08TRM	PALD-125416279	02/12/2008

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Statement of Variability

**Comments:**

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**Attachment:**

Statement of Variability Amend.Endorse.pdf

## READABILITY CERTIFICATION

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

Policy Form Number(s): A11AMD  
E12RAB

Form Name(s): Amendment to Application  
Right to Add Benefits to Policy Endorsement

Flesch Score(s): 51.0  
52.9

(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

January 17, 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:** A11AMD and E12RAB

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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 January 17, 2012



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SIGNATURE

---

THOMAS S. BEADLESTON

NAME

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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:** A11AMD and E12RAB

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 January 17, 2012



SIGNATURE

THOMAS S. BEADLESTON

NAME

VICE PRESIDENT

TITLE

**Contact Person:**

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

(Arkansas)

Statement of Variability  
A11AMD

Location	Factor	Sample Value	Range	Conditions
Page 1	Company Contact Information	Life Insurance Operations Center P.O. Box 2030 • Omaha, NE 68103-2030 (800) 347-7787 • Fax (866) 964-4860 <a href="http://www.PacificLife.com">www.PacificLife.com</a>	Address, Phone Number and Website	Determined by the location of the division's operations center
Page 1	Product Name	Product Name	Product Name or Plan of Insurance	The amendment will vary to reflect the term used in the Application for any particular policy
Page 1	Planned Annual Premium	Planned Annual Premium	Planned Annual Premium or Single Premium	The amendment will vary to reflect the mechanics of the policy in question.
Page 1	Primary	Primary Policyowner	Primary, Additional or Contingent	Dependent upon the status of the owner
Page 1	Primary	Primary Beneficiary	Primary, Additional or Contingent	Dependent upon the status of the beneficiary

Statement of Variability  
E12RAB

Location	Factor	Sample Value	Range	Conditions
Page 1	Officer Signatures	James T. Morris & Jane M. Guon	Current Chairman, President and CEO & Secretary Signatures	Determined by the company officers
Page 1	Company Contact Information	<a href="http://www.PacificLife.com">www.PacificLife.com</a> & (800) 347-7787	Website & Toll-Free Telephone Number	Determined by website address and the toll-free telephone number of the division's operations center