2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 804584

1. Entity Name
PACIFIC LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
700 NEWPORT CENTER DRIVE P.O. BOX 9000 NEWPORT BEACH, CA 92660	700 NEWPORT CENTER DRIVE P.O. BOX 9000 NEWPORT BEACH, CA 92660

DO NOT WRITE IN THIS SPACE

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
95-1079000
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARMICHAEL, DAVID R
STREET ADDRESS	700 NEWPORT CENTER DRIVE
CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	VPS
NAME	MILFS, AUDREY L
STREET ADDRESS	700 NEWPORT CENTER DR
CITY-ST-ZIP	NEWPORT BCH, CA 00000,
TITLE	CEO
NAME	SUTTON, THOMAS C.
STREET ADDRESS	700 NEWPORT CENTER DRIVE
CITY-ST-ZIP	NEWPORT BCH, CA
TITLE	D
NAME	TRAN, KHANH T
STREET ADDRESS	700 NEWPORT CENTER DRIVE
CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	V
NAME	WIRTHLIN, R. LEE
STREET ADDRESS	700 NEWPORT CENTER DR
CITY-ST-ZIP	NEWPORT BEACH, CA
TITLE	P
NAME	SCHAFER, GLENN S
STREET ADDRESS	700 NEWPORT CENTER DRIVE
CITY-ST-ZIP	NEWPORT BEACH, CA

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04/16/05-80052-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R LEE WIRTHLIN 4/08/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

R LEE WIRTHLIN, VICE PRESIDENT