2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P00736

1. Entity Name
PACIFIC LIFE & ANNUITY COMPANY

Principal Place of Business	Mailing Address
700 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660	700 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660

04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-3769814
☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000000309799
04/16/05-80052-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARMICHAEL, DAVID R
STREET ADDRESS	1525 SERENADE TERRACE
CITY-ST-ZIP	CORONA DEL MAR, CA 92625
TITLE	V
NAME	FENTON, MICHEAL P
STREET ADDRESS	700 NEWPORT CENTER DRIVE
CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	PD
NAME	SCHAFER, GLENN S.
STREET ADDRESS	24566 SANTA CLARA AVENUE
CITY-ST-ZIP	DANA POINT, CA 92629
TITLE	SD
NAME	MILFS, AUDREY L.
STREET ADDRESS	26922 ROCKINGHORSE LANE
CITY-ST-ZIP	LAGUNA HILLS, CA
TITLE	D
NAME	SUTTON, THOMAS C.
STREET ADDRESS	4627 CAMDEN DRIVE
CITY-ST-ZIP	CORONA DEL MAR, CA
TITLE	V
NAME	WIRTHLIN, R, LEE
STREET ADDRESS	700 NEWPORT CENTER DR
CITY-ST-ZIP	NEWPORT BEACH, CA

DO NOT WRITE IN THIS SPACE

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: _____ 4/08/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

R. LEE WIRTHLIN, VICE PRESIDENT