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95 APR 14 PM 1:46

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra E. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 804584 (1)
1. Corporation Name
PACIFIC MUTUAL LIFE INSURANCE COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified **08/03/1936** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number **95-1079000** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BLDG.
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and the filer, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GERKEN, WALTER B
STREET ADDRESS	700 NEWPORT CENTER DRIVE
CITY - ST - ZIP	NEWPORT BCH CA
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	MILLER, DONN B.
STREET ADDRESS	440 SOUTH HOPE STREET
CITY - ST - ZIP	LOS ANGELES CA
TITLE	V
NAME	WIRTHLIN, R. LEE
STREET ADDRESS	700 NEWPORT CENTER DR
CITY - ST - ZIP	NEWPORT BEACH CA
TITLE	CFO
NAME	SCHAFFER, GLENN S
STREET ADDRESS	700 NEWPORT CENTER DRIVE
CITY - ST - ZIP	NEWPORT BEACH CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	PRESIDENT
15. STREET ADDRESS	
16. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if I am not an officer or director of the corporation.

SIGNATURE: *R. Lee Wirthlin*
R. LEE WIRTHLIN

4/10/95 (714) 760-4086