


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 804584 1. Entity Name PACIFIC LIFE INSURANCE COMPANY	
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Principal Place of Business 700 NEWPORT CENTER DRIVE P.O. BOX 9000 NEWPORT BEACH, CA 92660	Mailing Address 700 NEWPORT CENTER DRIVE P.O. BOX 9000 NEWPORT BEACH, CA 92660
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DO NOT WRITE IN THIS SPACE

04232004 No Chg-P CR2E034 (10/03)

4. FEI Number 95-1079000	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE Registered Agent signature required when reinstalling) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000136640
04/28/04-80096-022 150.00

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

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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:  **4-27-04** **949 219-4086**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____