2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

ANNUAL REPORT				Secretary of State			
DOCUMENT # 804584 1. Entity Name PACIFIC LIFE INSURANCE COMPANY					560	icialy of State	
700 NEWPO P.O. BOX 90	re of Business RT CENTER DRIVE 100 EACH, CA 92660	Mailing Address 700 NEWPORT CENTER DRIVE P.O. BOX 9000 NEWPORT BEACH, CA 92660	many comments and an arrangement				
	OO NOT WRITE		CE	01042005 4. FEI Number 95-1079	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required	
	6. Name and Address of Current Ro	egistered Agent					
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				IN T	NOT W HIS SP	ACE	
signature_	named entity submits this statement for thins of registered agent. Signature, speed of privide name of registered agent and the second submitted in the second submitted submitted in the second submitted submitte	utive if applicable (NOTE: Registero	d Agent signature required	· · · · · · · · · · · · · · · · · · ·	, in the State of Flo	rida. I am familiar with, and accept	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DID CARMICHAEL, DAVID R 700 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660 VPS	RECTORS			7月/16/05-	309801 80052-009 150.00	
NAME STREET ADDRESS CITY-ST-ZIP	MILFS, AUDREY L 700 NEWPORT CENTER DR NEWPORT BCH, CA 00000, CEO						
NAME STREET ADDRESS CITY-ST-ZIP	SUTTON, THOMAS C. 700 NEWPORT CENTER DRIVE NEWPORT BCH, CA				NOT W		
NAME STREET ADDRESS CITY-ST-ZIP	TRAN, KHANH T 700 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660			in f	'HIS SP	ACE	
NAME STREET ADDRESS CITY-ST-ZIP	V WIRTHLIN, R. LEE 700 NEWPORT CENTER DR NEWPORT BEACH, CA			**************************************	· · · · · · · · · · · · · · · · · · ·		
TITLE	Р	सामा वर्षा मानवर		<u> </u>	 		

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 employered 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: _

SCHAFER, GLENN S

700 NEWPORT CENTER DRIVE NEWPORT BEACH, CA

NAME

STREET ADDRESS

CMY+ST-ZIP

INATURE AND CHEEN ON PRINTED WANTE OF BIGNING OFFICER OF BIRECTOR

4/08/05

Dale

Daytime Phone *