


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90108 017 \*\*\*150.00

DOCUMENT # 804584					
1. Entity Name PACIFIC LIFE INSURANCE COMPANY					
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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 95-1079000	
Applied For		Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARMICHAEL, DAVID R		NAME		
STREET ADDRESS	700 NEWPORT CENTER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH, CA 92660		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILFS, AUDREY L		NAME		
STREET ADDRESS	700 NEWPORT CENTER DR		STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BCH, CA 00000,		CITY-ST-ZIP		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUTTON, THOMAS C.		NAME		
STREET ADDRESS	700 NEWPORT CENTER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BCH, CA		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRAN, KHANH T		NAME		
STREET ADDRESS	700 NEWPORT CENTER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH, CA 92660		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WIRTHLIN, R. LEE		NAME	VICE PRESIDENT	
STREET ADDRESS	700 NEWPORT CENTER DR		STREET ADDRESS	GIBBONS, THOMAS	
CITY-ST-ZIP	NEWPORT BEACH, CA		CITY-ST-ZIP	45137 BIG CANYON STREET	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCHAFFER, GLENN S		NAME	INDIO, CA 92201	
STREET ADDRESS	700 NEWPORT CENTER DRIVE		STREET ADDRESS	DIRECTOR/CHIEF OPER. OFFICER	
CITY-ST-ZIP	NEWPORT BEACH, CA		CITY-ST-ZIP	MORRIS, JAMES T.	
			STREET ADDRESS	29022 PINTAIL CIRCLE	
			CITY-ST-ZIP	LAGUNA NIGUEL, CA 92677	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____			4/19/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
THOMAS GIBBONS, VICE PRESIDENT			Daytime Phone #		

40061001



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